MAXIMUS Federal Services

Case Number:	CM14-0024566		
Date Assigned:	06/11/2014	Date of Injury:	03/12/2012
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old male injured in March 2012. The mechanism of injury was noted as a cumulative trauma situation. The most recent progress note indicated that there were ongoing complaints of neck and upper extremity pains. The physical examination demonstrated tenderness to palpation in the paravertebral musculature of the cervical spine, a decrease in cervical spine range of motion, a slight decrease in right shoulder range of motion and motor function and tenderness to palpation in the right wrist. Diagnostic imaging studies objectified multiple level degenerative changes in the cervical and lumbar spine. A full thickness rotator cuff tear has also been reported. Previous treatment included multiple conservative treatments, physical therapy, medications, steroid injections into the shoulder and lumbar epidural steroids. A request had been made for additional work restoration and lumbar epidural steroid injection and was not certified in the pre-authorization process completed in June 2013. A recent physical examination noted a non-antalgic gait, on-going self treatment and tenderness to palpation of the cervical spine. The shoulder evaluation noted a decrease in range of motion as to the wrist assessment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CONTINUE WORK RESTORATION PROGRAM 2X6 QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, there are number of criterion to be met prior to continue such a protocol. When noting the criterion for such a protocol; the first being an ability to return to work (and noting that there is no ability return to work) or that there is a any work to return to, this alone would be reason not to continue this protocol. Furthermore, the physical and medical recovery has to be objectified. In reviewing the progress notes, no such objective occasion is presented. Therefore, when noting the reported mechanism of injury, the injury sustained, the multiple comorbidities and the lack of improvement, there is insufficient clinical data presented to support this request. This is not medically necessary.

TRAMADOL 325 MG. QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82, 113.

Decision rationale: The criteria for the continued use of the synthetic opioid are that there is a clinical indication. Based on the progress notes reviewed, there does not appear to be any noted efficacy or utility relative to the continued use of this protocol. The pain levels have not improved and may not return to work. There has not been any improvement with other physical rehabilitation modalities employed. Furthermore, when noting the negative outcome of addiction, indefinite use is not supported. Therefore, based on the medical record reviewed, there is insufficient clinical information to make this medically necessary.

PROTONIX 20 MG. QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: This medication is indicated for those who have experienced or are experiencing gastroesophageal reflux issues. Furthermore, this can be used as a prophylactic when taking non-steroidal medications. There was no indication of any type of gastrointestinal distress, or the non-steroidal medications were being employed. Therefore, based on the records reviewed, there is no clinical indication for this preparation nor is it medically necessary.