

Case Number:	CM14-0030149		
Date Assigned:	03/19/2014	Date of Injury:	01/19/2013
Decision Date:	04/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of January 19, 2013. A utilization review determination dated February 2, 2014 recommends non-certification of Anaprox 550mg #60 and Protonix 20mg #30 and modification of chiropractic 2x6 bilateral wrist-forearms-shoulders/cervical for 6 visits. The previous reviewing physician recommended non-certification of Anaprox 550mg #60 due to lack of documentation of significant functional/vocational benefit with the use of NSAIDs; non-certification of Protonix 20mg #30 due to lack of documentation of current GI symptoms or treatment rendered thus far for GI symptoms such as dietary modification or risk factors for GI bleed to warrant prophylaxis; and modification of chiropractic 2x6 bilateral wrist-forearms-shoulders/cervical for 6 visits due to no indication the patient has previously tried chiropractic treatment and an initial 6 sessions of chiropractic to provide pain relief and improve function considered reasonable and supported by guidelines. A Progress Report dated January 28, 2014 identifies Subjective Complaints/Interim History of ongoing neck pain and spasms. She also has bilateral shoulder stiffness and spasms. She complains of bilateral forearm pain and wrist pain. Objective Findings identify guarding of the cervical spine and bilateral shoulders. The patient feels tenderness to the cervical posterior paraspinal in the upper shoulders along the trapezii. The patient feels tenderness to palpating the distal forearms and bilateral wrists. Spurling's maneuver is positive with cervical spine compression on the left. Diagnoses identify cervical spine pain, myospasm of the cervical spine, bilateral shoulder pain and strain, bilateral forearm pain, and bilateral wrists pain. Treatment Plan identifies she will be referred to chiropractic treatments for twice a week for the next six weeks for the cervical spine and bilateral shoulders as well as forearms and wrists. Medication management was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69 OF 127.

Decision rationale: Regarding the request for Anaprox, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Anaprox is not medically necessary.

PROTONIX 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Protonix, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Protonix (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Protonix is not medically necessary.

CHIROPRACTIC 2 X6 BILATERAL WRIST/FOREARMS/SHOULDERS/CERVICAL:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 Of 127.

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for chiropractic 2x6 bilateral wrist/forearms/shoulders/cervical, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic 2x6 bilateral wrist/forearms/shoulders/cervical is not medically necessary.