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| Case Number: | CM14-0030293 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 11/14/2013 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 03/05/2014 |
| 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 and is licensed to practice in Montana and 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 patient is a 37 year old female sustained an injury to her left arm and low back when she was struck by a student on 10/24/2013. Diagnostic studies reviewed include x-rays of the left shoulder dated 11/15/2013 revealed no acute osseous changes. Doctor's note dated 01/21/2014 documented the patient to have complaints of neck pain with popping of the neck and tightness of the left trapezius. The pain radiates to the shoulder blade and left upper extremity to the elbow. She has weakness, numbness and tingling in the left upper extremity as well. She complained of left upper arm pain which radiates from the neck and shoulder. On exam, she has pain with neck motion. There is tenderness to palpation of the cervical spine and positive Tinel's sign and elbow flexion. She has positive Phalen's test of the left hand and positive Hawkin's test of the left shoulder. She is diagnosed with cervicothoracic strain with possible neural encroachment. She has been recommended for 12 sessions of physical therapy for the cervical spine, omeprazole, and Tylenol #3. Prior utilization review dated 03/05/2014 states the request for Medication-Narcotic APAP/Codeine 300/30 mg one tablet bid Quantity: 60 is denied; Medication Prilosec 20 mg one capsule bid Quantity: 60 is denied; Physical Therapy for twelve sessions, in treatment of the cervical spine Quantity: 12 is denied

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Narcotic APAP/Codeine 300/30 mg one tablet bid Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-73.

Decision rationale: The requested medication is a short acting opioid with well documented and marginal efficacy as compared to other short acting opioid medications in the same class. The MTUS guidelines indicate that for acute musculoskeletal injury it is appropriate for approximately 2 weeks of short acting opioid therapy while other treatment measures are instituted. If the treating physician feels that opioid management is indicated in this case, an alternative medication is suggested and a more detailed rationale as to why continued treatment beyond the recommended 2 week duration is necessary. Based on the guidelines and criteria described above, as well as the clinical documentation stated above, the request is not medically necessary.

Medication Prilosec 20 mg one capsule bid Quantity: 60: 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): 68-69.

Decision rationale: It is not clear to me why this agent has been requested. It is unclear if the patient is taking NSAID medications on any continuous basis. Therefore the use of a PPI is not medically indicated or necessary. The documentation fails to offer an appropriate rationale for this treatment, and criteria are not met based on the MTUS guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Physical Therapy for twelve sessions, in treatment of the cervical spine Quantity: 12:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The treating physician in his office note clearly indicates that the patient would be appropriate for the initiation of an active physical therapy program to facilitate improvement. The clinical examination and the documentation indicate that there is both a clinical rationale for such treatment and a reasonable expectation of a beneficial outcome with improved functionality. It is my opinion that the MTUS requirements for active therapy and

appropriate therapeutic exercise with a home exercise program. I would therefore consider this treatment as medically indicated in this case.