

Case Number:	CM14-0034323		
Date Assigned:	09/10/2014	Date of Injury:	05/01/2008
Decision Date:	10/10/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Medicine and is licensed to practice in Oklahoma. 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 49-year-old female who reported injury on 05/01/2008. Reportedly while she was working as a nutritional clerk, she sustained injuries to her hand, neck and low back. The injured worker's treatment history included MRI studies of the cervical spine, EMG/NCS, medications and 8 sessions physical therapy. The injured worker was evaluated on 01/08/2014 and it was documented the injured worker complained of increasing neck pain and paresthasias, increasing back pain and lower extremity paresthasias. The pain was rated at 8/10. The examination of the cervical spine revealed pain upon cervical facet loading bilaterally with moderate bilateral trapezius spasm with twitch response obtained. Range of motion of the cervical spine was flexion 50 degrees, extension 10 degrees, left rotation 60 degrees and right rotation 25 degrees. Medications included Norco 10/325 mg and ibuprofen 800 mg and it was noted that was helping her with her pain control. The provider noted the injured worker had a urinalysis and she was in compliance with her medication prescription; however, the urinalysis was not submitted for this review. Diagnoses included bilateral carpal tunnel syndrome, status post-surgical release on the right, cervical degenerative disc disease with right C6 radicular pain, lumbar sprain/strain, radicular pain complaints, bilateral shoulder sprain/strain and hypertension nonindustrial. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker there was lack of documentation of long-term functional improvement or pain medication management for the injured worker. The request did not include quantity. Given the above, the request for Norco 10/325mg is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammation drugs) Page(s): 67.

Decision rationale: The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Ibuprofen is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP (low back pain). For acute low back pain with sciatica, a recent Cochrane review (including 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen has fewer side effects. The provider failed to indicate long term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficacy of the Motrin for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain, and longevity of the pain after the Ibuprofen is taken by the injured worker. In addition, the request for Motrin did not include the quantity. Given the above, the request for the Ibuprofen 800mg is not medically necessary.

Physical therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, Physical therapy

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The provider failed to indicate long-term functional goals and prior physical therapy outcome measurements. The request failed to include location where physical therapy is required. Given the above, the request for physical therapy 8 sessions is not medically necessary.