

Case Number:	CM14-0039274		
Date Assigned:	06/27/2014	Date of Injury:	11/15/2002
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Medicine and is licensed to practice in Texas and 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 39-year-old female with a reported date of injury of 11/15/2002. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of worsening neck pain along the right side of her neck and shoulder blade area. The injured worker stated that her symptoms had been getting worse. The injured worker rated the pain, at best a 5/10 with medications, at worst a 10/10. Upon physical examination, the injured worker's neck range of motion was noted to be limited with rotation to the left at 15 degrees, flexion/extension to 10 degrees. In addition, motor strength, sensation and deep tendon reflexes appear to be grossly intact in the upper extremities. The injured worker has a history of cervical sprain/strain with severe underlying spondylosis per an MRI. The injured worker's previous conservative care included four (4) massage therapy sessions and a home cervical traction device. The injured worker's diagnoses included flare up of neck pain, history of cervical sprain/strain with severe spondylosis, thoracic outlet syndrome, right chronic elbow pain with lateral epicondylitis, and reactive depression, anxiety, and panic disorder. The injured worker's medication regimen included glucosamine, Dexilant, Norco, ThermaCare patches. The request for authorization for glucosamine 500 mg #30, Dexilant 60 mg #30, Norco 10/325 #120 with one (1) refill, ThermaCare patches #60, and myofascial release therapy times eight (8) was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine 500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The Chronic Pain Guidelines recommend glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The clinical note dated 06/11/2014 indicates that the worker utilizes glucosamine as anti-inflammatory source. The guidelines recommend glucosamine as an option for moderate arthritis pain, especially for knee osteoarthritis. There is no indication that glucosamine is an anti-inflammatory. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for glucosamine 500 mg #120 is not medically necessary.

Dexilant 60mg #30: 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 NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The Chronic Pain Guidelines recommend patients at intermediate risk for gastrointestinal events and no cardiovascular disease should utilize a non-selective non-steroidal anti-inflammatory drug (NSAID) with either a PPI (proton pump inhibitor, for example 20 mg omeprazole daily) or a COX-2 selective agent. To determine if the patient is at risk for gastrointestinal events, the documentation should include age is greater than 65 years; history of peptic ulcer, gastrointestinal (GI) bleed, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulant; or high dose multiple NSAIDs. The clinical note dated 06/11/2014 indicates that the injured worker wants to stop utilizing Nucynta and Norco, due to the nausea side effects. There is a lack of documentation related to the injured worker having a history of peptic ulcer, GI bleeding, or perforation. The documentation indicates the injured worker is no longer utilizing Norco, which was causing the GI upset. Therefore, the request for Dexilant 60 mg #30 is not medically necessary.

Norco 10/325mg #120 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend the ongoing use of opiates should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation provided for review indicates that the injured worker presented with increased pain. In addition, the clinical note dated 06/11/2014 indicates that the injured worker is no longer utilizing Norco, due to adverse side effects. Therefore, the request for Norco 10/325 #120 with one (1) refill is not medically necessary.

Thermacare Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Heat/Cold Applications.

Decision rationale: The Official Disability Guidelines state that heat/cold applications are recommended. Insufficient testing exist to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during the first few days of symptoms followed by applications of heat packs to suit patient. According to the clinical documentation provided for review, the injured worker's injury was in 2002. The injured worker does not appear to be in the acute phases of symptoms. Therefore, the request for ThermaCare patches #60 is not medically necessary.

Myofascial Release Therapy times eight (8) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The Chronic Pain Guidelines recommend massage therapy as an option. This treatment should be an adjunct to other recommended treatments (exercise), and it should be limited to four to six (4 to 6) visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment period. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying cause of pain. The clinical note dated 06/11/2014 indicates that the injured worker has previously participated in four (4) myofascial treatments; which she stated were very helpful. The clinical note also states that the patient is requesting an MRI of her neck, because her symptoms have been getting worse. The guidelines recommend four to six (4 to 6) treatments. The request for an additional eight (8) treatments exceeds the recommended

guidelines. Therefore, the request for myofascial release therapy times eight (8) visits is not medically necessary.