

Case Number:	CM14-0057705		
Date Assigned:	08/04/2014	Date of Injury:	08/21/2009
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation, and is licensed to practice in California and Washington. 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 40-year-old female who reported an injury on 08/21/2009. The mechanism of injury was not stated. Current diagnoses include cervical and thoracic strain, bilateral shoulder impingement syndrome, and status post right carpal tunnel release, left carpal tunnel syndrome, left wrist De Quervain's tenosynovitis, hypertension, and psychiatric complaints. The injured worker was evaluated on 12/05/2013 with complaints of constant neck pain and bilateral shoulder pain. The injured worker reported temporary relief following a cortisone injection. Physical examination revealed diffuse tenderness with negative compression testing, positive Spurling's maneuver, positive Tinel's testing at the left elbow, positive elbow flexion testing, positive Tinel's testing at the bilateral hands and wrists, positive Phalen's testing, and thenar weakness. Treatment recommendations included continuation of the current medication regimen, a cervical spine traction device, and a contour memory foam pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 67-72 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has utilized this medication since 04/2013 without any evidence of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically necessary.

Tizanidine 4mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 63-66 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is not medically necessary.

Ultracin Cream, qty 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.

Computerized strength and flexibility (CROM) test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Neck and Upper Back (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement. There was also no specific body part listed in the request. The medical necessity has not been established. As such, the request is not medically necessary.

Cervical Spine Traction Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Neck and Upper Back (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness of passive physical modalities such as traction when treating neck and upper back complaints. Therefore, the request is not medically necessary.

Contour Memory Foam Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Neck and Upper Back (Acute & chronic).

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 Chapter, Pillow.

Decision rationale: Official Disability Guidelines recommend the use of a neck support pillow while sleeping in conjunction with daily exercise. There is no indication of this injured worker's active participation in a home exercise program. The medical necessity for a specialized contour memory foam pillow has not been established. As such, the request is not medically necessary.