

Case Number:	CM14-0057722		
Date Assigned:	07/09/2014	Date of Injury:	02/10/2010
Decision Date:	09/09/2014	UR Denial Date:	04/28/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 59 year old female who reported a low back injury as a result of cumulative trauma on 02/10/10. The clinical note dated 09/24/13 indicates the injured worker demonstrating range of motion deficits at the lumbar region to include 45 degrees of lumbar flexion, 15 degrees of extension, and 25 degrees of both bilateral lateral flexion as well as rotation. Strength deficits are also identified at the left hip with flexion as well as the right ankle with both plantar and dorsiflexion. The utilization review dated 03/10/14 resulted in a denial for the use of acupuncture as no information had been submitted regarding the specifics of the intended for treatment. Therefore, the request was not indicated. The clinical note dated 03/11/14 indicates the injured worker complaining of right wrist and right shoulder pain as well as neck and low back pain. The injured worker rated the pain as 5-8/10. The clinical note dated 02/25/14 indicates the injured worker undergoing a series of extracorporeal shockwave therapy sessions at the cervical spine. The clinical note dated 05/07/14 indicates the injured worker continuing with pain at several sites. The pain was rated as 4-7/10 on the visual analog scale at that time. Tenderness was identified upon palpation throughout the cervical spine. Decreases in range of motion were also indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 6.

Decision rationale: The documentation indicates the injured worker having previously undergone an acupuncture treatment. The additional acupuncture provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. No objective data was submitted confirming the injured worker's positive response to the previous acupuncture therapy. Therefore, this request is not indicated.

Continued shock-wave therapy to: cervical spine, lumbar spine, bilateral hips, and right wrist QTY: 15.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute on Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Extracorporeal shockwave therapy (ESWT).

Decision rationale: The request for shock-wave therapy to: cervical spine, lumbar spine, bilateral hips, and right wrist is not recommended. No high quality studies exist supporting the safety and efficacy for the proposed procedure. Therefore, the request is not indicated.

Cyclobenzaprine 7.5 mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity cannot be established at this time.

Omeprazole 20 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Proton pump inhibitors (PPI) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.