

Case Number:	CM14-0062795		
Date Assigned:	08/08/2014	Date of Injury:	03/25/2010
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 68-year-old female with a date of injury of 03/25/2010. The listed diagnoses per [REDACTED] are: 1. cervical spondylosis without myelopathy. 2. Brachial neuritis. According to progress report of 04/16/2014, the patient presents with neck and left shoulder pain. The patient is status post left shoulder SLAP tear and left shoulder arthroscopy in August of 2010. The patient presents with left-sided neck pain in the left C5 distribution. The pain is described as shooting and stabbing with upper extremity weakness and numbness noted. MRI of the cervical spine demonstrated facet hypertrophy at C3-C4 and C6-C7 and moderate to severe neuroforaminal narrowing at C3-C4, C4-C5, and C6-C7. The treater is requesting refill of medications diclofenac sodium 50 mg #270, Prilosec 20 mg, and Skelaxin 80 mg #360 and 6 acupuncture visits and 6 chiropractic visits. Under the discussion notes, provider states "appeal denial of pain psychology sessions x6. Schedule the patient for pain psychology sessions x2. It is my belief this patient will require much more than 6 sessions of pain psychology but I would like to begin with 6 sessions in order to help her obtain the support she needs." Utilization review denied the request on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 50 mg quantity 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 to 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines.

Decision rationale: This patient presents with neck and left shoulder pain. The provider is requesting a refill of diclofenac sodium 50 mg #270. For antiinflammatory medications, the MTUS Guidelines page 22 has the following, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." Progress reports 11/12/2013 through 04/16/2014 were reviewed. This patient has been taking diclofenac since at least 11/12/2013. The treater provides a "present" and "worst" pain score but does not provide a discussion of how the pain scores relate to patient's pain with taking Diclofenac. The provider has continually prescribed Diclofenac sodium without providing outcome measures or specific functional improvement with taking this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Based on the above, this request is not medically necessary.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, pg 69.

Decision rationale: This patient presents with neck and left shoulder pain. The provider is requesting a refill of Prilosec 20 mg. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of progress reports from 11/12/2013 through 04/16/2014 does not provide GI risk assessments. Although the medical records indicate the patient has been taking NSAID on a long term basis, there is no discussion of gastric issues or GI problems warranting the use of Prilosec. Therefore, this request is not medically necessary.

Skelaxin 800 mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64 to 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pg 64.

Decision rationale: This patient presents with neck and left shoulder pain. The provider is requesting a refill of Skelaxin 800 mg #360. For Metaxalone, the MTUS guidelines page 61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. Review of the medical file indicates the patient has been prescribed Skelaxin since 11/12/2013. MTUS does not

recommend long term use of muscle relaxants; recommendation is for 3 to 4 days for acute spasms and no more than 2 to 3 weeks. Therefore, this request is not medically necessary.

Pain Psychology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic). Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Decision rationale: This patient presents with neck and left shoulder pain. The provider is requesting pain psychology. Report 04/16/2014 states the patient is to start 2 sessions of pain psychology. The provider believes the patient will require much more than 6 sessions of pain psychology but would like to begin with 6 sessions in order to help her obtain the support she needs to achieve the goals that she had achieved while in the Functional Restoration Program. Review of the medical file indicates the patient completed a Functional Restoration Program on 12/11/2013. Medical records indicate the patient had a tremendous setback since her graduation from the program and the treater is requesting additional pain psychology treatment. The MTUS Guideline supports psychological treatments for chronic pain. For cognitive behavioral therapy, MTUS recommends initial trial of 3 to 4 psychotherapy visits over 2 weeks and additional visits for total of 6 to 10 visits with functional improvement. In this case, the patient had psychological treatments as part of her functional restoration program, which ended in December 2013. There is no documentation of functional improvement with prior sessions to warrant additional treatment. Therefore, this request is not medically necessary.

Acupuncture Quantity 6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Decision rationale: This patient presents with neck and left shoulder pain. Medical file provided for review does not indicate the patient has trialed acupuncture in the past. Utilization review denied the request stating MTUS Guidelines but did not provide a rationale for the denial. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, the medical file provided for review does not indicate the patient has tried acupuncture treatments. The requested 6 sessions is within guidelines and therefore is medically necessary.

Chiropractic care Quantity 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59.

Decision rationale: This patient presents with neck and left shoulder pain. The provider is requesting 6 chiropractic treatments. Review of progress reports from 11/12/2013 through 04/16/2014 and QME report 04/25/2013 indicates the patient has participated in prior chiropractic treatment. The date of treatment and the number of treatments received are unclear. For chiropractic treatments, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of 18 visits over 6 to 8 weeks. With documentation of functional improvement from prior treatments, MTUS allows up to 18 visits. MTUS page 8 requires that the treater provide monitoring and make appropriate treatment recommendations. Without discussion of chiropractic treatment history and functional benefit, additional treatments cannot be recommended for authorization. MTUS allows additional treatment only under the premise that initial trial have resulted in functional improvement. Therefore, this request is not medically necessary.

