

<b>Case Number:</b>	CM14-0070059		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Texas. 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 68 year old female injured on 03/25/10 when she struck a canister on the wall sustaining left shoulder and neck pain with radiation of pain to the left hand. Prior treatment includes non-steroidal anti-inflammatory drugs, medications, physical therapy, and acupuncture treatments. Following conservative treatments, magnetic resonance image was obtained revealing a superior labral tear from anterior to posterior lesion and near complete tear of the left supraspinatus. The injured worker underwent surgical intervention on 08/27/10. Left C3-C5 medial branch block was performed on 09/02/11 with good relief of pain. The injured worker has also undergone 2 weeks of functional restoration program. The injured worker continued complaining of occipital cervical headaches radiating to the crown of her head occurring in the morning. The injured worker reported residual medication effects and headaches made her feel "spacey." The injured worker reported left-sided paracervical pain radiating to the left upper trapezius muscle and the parascapular muscles of the left side. The injured worker rated pain at 4-8/10. Medications include Diclofenac, Advil, Topamax, Prozac and Lidoderm patches. The initial request for Diclofenac sodium 50mg #90, Prilosec 20mg #90, Skelaxin 800mg #360, pain psychology #8, 6 acupuncture sessions, and 6 chiropractic sessions was initially non-certified on 04/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren), Page(s): 43.

**Decision rationale:** Voltaren is not recommend as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other non-steroidal anti-inflammatory drugs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Diclofenac Sodium 50mg #90 cannot be recommended as medically necessary.

**Prilosec 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**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:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg #90 cannot be established as medically necessary.

**Skelanix 800mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are 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 injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Skelaxin 800mg #360 cannot be established at this time.

### **Pain Psychology #8: 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), 5th Edition, Pain: Psychologist Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy (CBT) is recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone. Guidelines indicate an initial trial of 3-4 psychotherapy visits over 2 weeks is appropriate. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) may be considered appropriate. As such, Pain Psychology #8 cannot be recommended as medically necessary at this time.

### **6 Acupuncture session: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Initial Trial 3-4 visits over 2 week

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Documentation indicated prior acupuncture treatment; however the the number of treatments attended and any functional benefit obtained was not discussed. As such, the request for 6 acupuncture sessions cannot be recommended as medically necessary.

### **6 Chiropractic Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59.

**Decision rationale:** Current guidelines indicate chiropractic frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the injured worker has reached plateau and maintenance treatments have been determined. Treatment beyond 4-6 visits should be documented with objective improvement in function. Additionally, there were no objective findings provided that indicated functional improvement related to the chiropractic treatments. A trial period of 2-3 visits to establish functional improvement and pain relief is appropriate prior to approval of a greater number of sessions. As such, the request for 6 Chiropractic Sessions cannot be recommended as medically necessary at this time.