

Case Number:	CM14-0070277		
Date Assigned:	07/14/2014	Date of Injury:	03/08/1989
Decision Date:	09/24/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	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 Geriatrics and is licensed to practice in New York. 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 58 year old woman with a date of injury of 3-8-89. She was seen for a pain medicine consultation on 4-17-14 with complaints of neck, shoulder and back pain. She had been taking Norco and valium for the pain in addition to Estrace, Allegra and Pepcid. Her past medical history is significant for chronic hives, hysterectomy, right ACL reconstruction, severe degenerative disc disease, umbilical hernia repair and right kidney urethral repair. Her physical exam showed a normal skin, head, eyes, ears, nose and throat, cardiac, lung and abdominal exam with an antalgic gait. Her musculoskeletal exam showed limited flexion and extension of her lumbar spine but normal lower extremity strength and sensation and negative straight leg raise tests. She had tenderness to palpation of her L4-5 and L5-S1 facet joints and paraspinal muscles. She also had limited cervical spine extension as well as tenderness at facet joints but normal strength and sensation. Her diagnoses were lumbar and cervical spondylosis and myofascial pain syndrome. At issue in this review are the prescriptions for Allegra, Pepcid and Estrace as well as acupuncture and L4-L5 and L5-S1 medial branch nerve injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Estrace 0.01% Vaginal Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preparations For Postmenopausal Hormone Therapy.

Decision rationale: This injured worker has chronic back and neck pain with limited range of motion and tenderness to palpation on exam but normal strength and sensation of the upper and lower extremities. She has a history of a hysterectomy. Estrace vaginal cream can be used for vaginal atrophy. The note of 4/14 does not discuss any vaginal symptoms and does not document a pelvic exam or review efficacy of medication or side effects to medically justify the prescription of Estrace cream.

Allegra allergy 180mg tablets x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Histamine-1 Receptor Antagonist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Chronic Urticaria: Standard Management and Patient Education.

Decision rationale: This injured worker has chronic back and neck pain with limited range of motion and tenderness to palpation on exam but normal strength and sensation of the upper and lower extremities. She has a history of chronic hives but has a normal skin exam. The medical note of 4/14 does not document sufficient history or symptoms or review efficacy of medication or side effects to medically justify the ongoing prescription of Allegra.

Pepcid 20mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Histamine-2 Receptor Antagonist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Famotidine: uptodate: drug information.

Decision rationale: This injured worker has chronic back and neck pain with limited range of motion and tenderness to palpation on exam but normal strength and sensation of the upper and lower extremities. Pepcid is an H2 receptor antagonist that is used to treat ulcers, gastroesophageal reflux disease and esophagitis. H2- receptor blockers can also be used in allergic conditions. The clinical notes do not document a clinical indication or symptoms or review of medication efficacy or side effects to medically justify the ongoing prescription of Pepcid.

L4-L5 and L5-S1 medial branch nerve injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medial branch nerve injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: This injured worker has chronic back and neck pain with limited range of motion and tenderness to palpation on exam but normal strength and sensation of the upper and lower extremities. Medial branch nerve blocks to the innervation of facet joints have been used both diagnostically and therapeutically for presumed facet joint pain. However, there are no trials comparing efficacy of medial branch blocks to placebo injections to support use. In this worker, the records do not sufficiently substantiate the medical necessity of L4-L5 and L5-S1 medial branch nerve injection.

Acupuncture x 6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4, 8-9.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not substantiate the medical necessity for 6 acupuncture treatments.