

<b>Case Number:</b>	CM14-0074053		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 PREVENT MEDICINE, has a subspecialty in Occupational 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 49 year old male who was injured on 04/09/2014. The injured worker believes the cause of his problems is from repetitive use of his upper limbs. He complains of pain in his neck, lower back, right shoulder, left shoulder, right arm, left arm, right index finger. This injury was preceded by a car accident in 2011. The physical examination is positive for limitation of range of motion or the neck, lower back and shoulders; tenderness and spasms at the neck, shoulders, elbows , lower back, decreased grip strength and tenderness in the right hand; positive tinels sign right hand. The injured worker has been diagnosed of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Current medications are Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, Omeprazole. At dispute are the requests for Psyche Evaluation; Psyche Re-Evaluation and/or Psyche Treatment; 8 Chiropractic Manipulation treatment and Adjunct Procedures/Modalities; Functional Capacity Evaluations:Functional Improvement Measurements using NIOSH testing; Hydrocodone 325mg; Naproxen Sodium 550mg; Gabapentin 300mg; Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psyche Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DEFINITIONS Page(s): 1. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Stress-Related Conditions, page(s) Online edition, <http://apg-i.acoem.org/Browser/Section.aspx?cid=9&sid=137> .

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The medical records provided for review do not indicate a medical necessity for Psyche Evaluation. The MTUS does not recommend Psyche Evaluation, for every injured worker. The injured worker was about ten days post injury at the time the request for Psyche Evaluation was made; the provider wrongly quoted the guideline when he cited the aspect of chronic pain guidelines recommending psychiatric referral. The guidelines define chronic pain as, "any pain that persists beyond the anticipated time of healing". Besides, the ACOEM guidelines recommend psychiatric referral for severe psychiatric conditions. Finally, the request for psychiatric referral is not supported by the diagnosis.

**Psyche Re-Evaluation and/or Psyche Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Stress-Related Conditions, page(s) Online edition, <http://apg-i.acoem.org/Browser/Section.aspx?cid=9&sid=137> .

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The medical records provided for review do not indicate a medical necessity for Psyche Evaluation. The MTUS does not recommend Psyche Evaluation, for every injured worker. The injured worker was about ten days post injury at the time the request for Psyche Evaluation was made; the provider wrongly quoted the guideline when he cited the aspect of chronic pain guidelines recommending psychiatric referral. The guidelines define chronic pain as, "any pain that persists beyond the anticipated time of healing". Besides, the ACOEM guidelines recommend psychiatric referral for severe psychiatric conditions. The ACOEM

guidelines recommend psychiatric referral for severe psychiatric conditions. There was no reference in the request of the exact reason this referral was made; also, the document reviewed did not state what form of failed treatment had been tried by the provider before this referral. Therefore, this referral is not medically necessary.

### **8 Chiropractic Manipulation treatment and Adjunct Procedures/Modalities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Elbow Disorders Online Edition.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The medical records provided for review do not indicate a medical necessity for 8 Chiropractic Manipulation treatment and Adjunct Procedures/Modalities. Although the injured worker is reported to have injuries in various parts of the body, the request was not specific regarding the injury this form of treatment is aimed at. For example, the ACOEM guidelines does not recommend Manipulation or mobilization for the treatment of acute, subacute, or chronic lateral epicondylalgia; or treatment of acute, subacute, or chronic medial epicondylalgia. These two conditions are some of the injuries the injured worker is being treated for. Furthermore, concerning shoulder complaints, the MTUS states, "success of chiropractic manipulation is highly dependent on the patient's previous successful experience with chiropractors". We have no idea of the injured worker's previous chiropractic experience. The request is not medically necessary.

### **Functional Capacity Evaluations:Functional Improvement Measurements using NIOSH testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral

shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The MTUS does not make a specific recommendation on Functional Improvement Measurements using NIOSH testing.

**Hydrocodone 325mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Initial Approaches to Treatment, page(s) Online Edition, <http://apgi.acoem.org/Browser/Section.aspx?cid=13&sid=634> .

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The records reveal the injured worker has been on Hydrocodone/Acetaminophen for a while. The ACOEM guidelines recommends against the use of opioids beyond two weeks for acute injuries. They have not been found to be more effective than safer analgesics for the management of most musculoskeletal symptoms.

**Naproxen Sodium 550mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY AGENTS Page(s): 22.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The Nonsteroidal anti-inflammatory drugs are recognized as first line agents in the treatment of musculoskeletal conditions. Although it is good practice to start with the smaller doses in the form of non-prescription strength, the MTUS does not recommend against the use of the prescription strength forms. Therefore this request is medically necessary.

**Gabapentin 300mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTICONVUSANTS Page(s): 16-22.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. The Anticonvulsants are used in recommended as first line treatment of neuropathic pain like post-herpetic neuralgia, diabetic neuropathy. They are not recommended in the treatment of musculoskeletal pain. For such conditions where they are recommended, the MTUS recommends continuing treatment if there is a documented evidence of at least 30% improvement in pain control. Since the records reviewed did not provide evidence of clinically confirmed neuropathy, and 30% pain improvement with use of Gabapentin, this drug is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The injured worker sustained a work related injury on 04/09/2014. The medical records provided indicate the diagnosis of cervical spine musculoligamentous injury with radiculopathy, Lumbar spine musculoligamentous injury with radiculopathy, bilateral shoulder sprains and strains, left elbow medial/lateral epicondylitis, right wrist carpal tunnel syndrome. Treatments have included Naproxen 550, Hydrocodone 10/325, Gabapentin 300mg, and Omeprazole. Omeprazole is a proton pump inhibitor used in the treatment of stomach ulcers. The MTUS recommends adding them to the list of medications given to any individual on anti-inflammatory medication, or on NSAIDs but has a history of peptic ulcer disease, or on more than one type of NSAID, or on combination NSAID and oral steroid. The records reviewed do not indicate this injured worker belongs to any of the above groups; therefore the use of omeprazole is not medically necessary.