

Case Number:	CM14-0077657		
Date Assigned:	07/18/2014	Date of Injury:	11/27/2013
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 & 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 injured worker is a 61-year-old male who reported an injury while using excessive force he felt a pop to his right arm on 11/27/2013. The clinical note dated 06/04/2014 indicated diagnosis of right shoulder full thickness tear, right elbow tendinosis, cervical radiculitis, rule out disc herniation, left shoulder sprain/strain, bilateral wrist sprain/strain, and lumbar radiculitis rule out disc herniation. Clinical note is handwritten and hard to decipher. The injured worker reported low back, neck, and bilateral shoulder pain as well as left wrist pain. The clinical note dated 05/22/2014 reported the injured worker's wrist pain was rated 6/10 on the left and 4/10 on the right, elbow pain was rated 3/10 and bilateral knee pain was rated 4/10. The unofficial MRI revealed full thickness tear of the long head of the biceps. The unofficial x-ray of the cervical spine revealed straightening of the cervical with mild spasms, decreased disc of the C5-6 through C6-7 and an unofficial x-ray of the lumbar spine revealed decreased disc light of L2-3, L3-4. Injured worker's treatment plan included use collar at work, no climbing, bending or stooping, weight lift restriction of 15 pounds or less, followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, chiropractic therapy and medication management. The injured worker's medicine regimen included topical compounds and pantoprazole. The provider submitted a request for chiropractic sessions, pain management consult, topical compounds and pantoprazole. A Request for Authorization dated 05/23/2014 was submitted for medications; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for Chiropractic 12 sessions is not medically necessary. The California MTUS guidelines recommend that manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. There is lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy and the amount of chiropractic sessions the injured worker has already received is not indicated to warrant additional therapy. In addition, there is lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, and decreased strength and flexibility. Moreover, the completed chiropractic therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching and range of motion. Furthermore, the request did not indicate a body part or a time frame for the chiropractic sessions. Therefore, the request is not medically necessary.

Pain Management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for Pain Management consult is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state if complaints persists, the MD needs to reconsider the diagnosis and decide whether a specialist is necessary. The documentation submitted did not discuss failure of oral medications for pain control or the need for interventional pain management. In addition, there is lack of evidence that the injured worker is in need of pain management of his oral medications. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for Pain Management Consultation is not medically necessary.

Flurbiprofen/Capsaicin/Menthol/10/0.025/2/1%, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flurbiprofen/Capsaicin/Menthol/10/0.025/2/1%, 120gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, it was not indicated that the injured worker had tried and failed antidepressants and anticonvulsants. In addition, it was not indicated that the injured worker was intolerant to other treatments. Furthermore, the request did not indicate a frequency or quantity; therefore, the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120 gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated that the injured worker had tried and failed antidepressants and anticonvulsants. Moreover, Ketoprofen is not currently FDA approved for a topical application. In addition, the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there was no evidence for use of any other muscle relaxant as a topical product. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Additionally, the request did not indicate a frequency or quantity; therefore, the request is not medically necessary.

Pantoprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The request for Pantoprazole 20mg is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding perforations or peptic ulcers. In addition, it was not indicated why the injured worker would need a PPI for the injured worker is not on an NSAID at this time. Additionally, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency or quantity. Therefore, the request is not medically necessary.