

Case Number:	CM14-0081172		
Date Assigned:	08/06/2014	Date of Injury:	05/12/2011
Decision Date:	09/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 Nevada. 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 records presented for review indicate that this 34 year-old individual was reportedly injured on May 12, 2011. The mechanism of injury is noted as a lifting type event. The most recent progress note, dated March 31, 2014 indicates that there are ongoing complaints of thoracic spine pain. The physical examination demonstrated a 5'4", 124 pound individual who exhibits somatic pain behaviors that would indicate a functional overlay." A decrease in cervical spine range of motion is reported and there is tenderness to palpation throughout the entire thoracic spine. Diagnostic imaging studies were reported to be unavailable for review. Previous treatment includes chiropractic care, Transcutaneous Electrical Nerve Stimulation (TENS), multiple medications and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: 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), Treatment Index, 12th Edition (Web), 2014, Low Back Section, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited).

Decision rationale: When noting the physical examination completed there is no obvious evidence of nerve root compression or compromise. Furthermore, as outlined in the guidelines, MRIs are for those with significant pain or progressive neurologic deficit. There is no data suggested on plain films that there is any significant intradiscal malady. The physical examination does not support the need for such a study. Therefore, while noting there are ongoing complaints of pain, there are "overlay" issues that made, getting the picture. As such, the medical necessity for a MRI is not established at this time.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, Page 12 7.

Decision rationale: When noting the mechanism of injury initially reported, noting the migration of the pain complaints, taking into account the physical examination findings and the suggestion that there are overlay issues there is insufficient data presented to suggest that a pain management consultation is necessary. The diagnosis is not certain, nor extremely complex and there are issues to be resolved prior to forwarding for a pain management protocol. This is not medically necessary.

Physical Therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: When noting the date of injury, the injury sustained, the amount of conservative interventions and physical modalities completed, tempered by the parameters outlined in the MTUS there is no clinical indication for additional formal physical therapy. A home-based protocol emphasizing overall fitness, conditioning, achieving ideal body weight and flexibility is all that would be supported. As such, this is not medically necessary.

Labs (CBC, Chem 20): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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 updated August, 2014.

Decision rationale: MTUS/ACOEM practice guidelines do not address routine laboratory testing for kidney or liver function. ODG does not directly address routine testing; however, supports labs for acetaminophen overdose and hepatotoxicity. Medical records indicate that the claimant does not have any pre-existing and/or medical conditions that would warrant the requested laboratory testing. Therefore, this request is not considered medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: When noting the mechanism of injury, the injury sustained, the treatment rendered and the physical examination reported there is nothing to suggest that there is any evidence of a subtle neurologic dysfunction that require this testing. A full range of motion and normal motor function are identified. Therefore, with there not being any specific pathology objectified on other imaging studies, tempered by the physical examination reported, and incorporating the findings of the ACOEM guidelines this request is not medically necessary.

KetoGel (qty unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: As outlined in the MTUS, the use of these compounded topical preparations are "largely experimental" and there are few randomized controlled trials to determine the efficacy or safety of these preparations. Furthermore, the MTUS does not support topical non-steroidal creams with oral preparations that can be employed. There is nothing in the notes to suggest that this is not the case and when noting the physical examination findings tempered by the parameters noted in the MTUS this is not medically necessary.

Flexeril 10mg (qty unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, and that the appearance of this medication is for chronic or indefinite use; the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Duexis (qty unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 70 of 127.

Decision rationale: CA MTUS guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, non-steroidal anti-inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, a search for an article and/or study to support the request has failed to document increased efficiency of Duexis when compared to taking both Ibuprofen and Famotidine as separate tablets. Therefore, the medical necessity of this preparation has not been established.