

Case Number:	CM14-0089488		
Date Assigned:	07/23/2014	Date of Injury:	04/25/2014
Decision Date:	08/27/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 24-year-old female with date of injury on 04/25/2014. The listed diagnoses per [REDACTED] dated 05/09/2014 are: 1. Right cervical trapezial strain/sprain. 2. Rule out any herniated disk of the cervical spine. According to this report, the patient complains of constant pain in the neck area with a pain level of 9/10. She has had acupuncture which seems to have helped a little bit, but she still continues to have persistent pain. The physical exam shows postsurgical suction cuff scar marks on her back area which is healing. She has full flexion and full extension of the cervical spine. Right and left lateral bending is painful with terminal range of motion. She has tenderness in the right trapezius muscles with significant spasms noted. She has full range of motion in the bilateral shoulders with some clicking in the right shoulder. She has no neurological deficits in the upper extremities. The utilization review denied the request on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 200mg x1 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,61,22,67,68.

Decision rationale: This patient presents with neck pain. The provider is requesting ibuprofen 200 mg. The MTUS Guidelines page 22, states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The MTUS Guidelines page 60 and 61 on medications for chronic pain states that it is recommended, however, the relief of pain with the use of medications is generally temporary, and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The records show that the patient was prescribed ibuprofen on 04/25/2014. The progress report dated 05/02/2014 notes that the patient started taking ibuprofen 800 mg and tramadol which is not helping. In this case, while NSAIDs are traditionally the first line treatment for pain and inflammation, the patient reports no benefit from ibuprofen use. Therefore, this request is not medically necessary.

Carisoprodol (unspecified quantity and Dosage): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: This patient presents with neck pain. The provider is requesting carisoprodol. The MTUS Guidelines page 21 on carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant, whose primary active metabolite is meprobamate (Schedule IV controlled substance). The records show that the patient was prescribed Soma on 05/09/2014. In this case, Soma is not indicated for long-term use. Therefore this request is not medically recommended.

Tramadol 50mg x1 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL, MTUS, Opioids for neuropathic pain (MTUS On Tramadol (MTUS, Tramadol (Ultram; Ultram ER; Page(s): 80,82,84,93,94.

Decision rationale: This patient presents with neck pain. The provider is requesting tramadol 50 mg. The MTUS Guidelines page 93 and 94 on tramadol states that it is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Tramadol is indicated for moderate to severe pain. Initial starting dose may be 50 mg to

100 mg. The records show that the patient was prescribed tramadol on 05/01/2014. The succeeding report dated 05/02/2014 documents that tramadol is not helping. In this case, the patient reports that tramadol is not beneficial and the continued use of this medication is not warranted. Therefore, this request is not medical necessary.

chiropractic 2-3 times weeks with 6 weeks , right shoulder cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under its chronic pain section has the following regarding manual therapy and treatments: Page(s): 58,59.

Decision rationale: This patient presents with neck pain. The provider is requesting chiropractic treatments 2 to 3 times a week for 6 weeks for the right shoulder and cervical spine. The MTUS Guidelines on manual therapy and treatment pages 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. A trial of 6 visits over 2 weeks and with evidence of objective functional improvement up to 18 weeks over 6 to 8 weeks is recommended. The records do not show any recent or prior chiropractic treatment reports to verify how many treatments the patient has received and with what results. In this case, while the patient can benefit from a trial of chiropractic treatments, the requested 12 sessions exceeds MTUS recommended initial trial of 6 visits over 2 weeks. Therefore, this treatment is not recommended or appropriate.

Urine Toxicology Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing (MTUS pg Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen:Criteria for Use of Urine Drug TestingUrine drug tests may be subject to specific drug screening statutes and regulations based on state and local laws, and the requesting clinician should be familiar with these.

Decision rationale: This patient presents with neck pain. The provider is requesting a urine toxicology test. While MTUS does not specifically address how frequent urine drug screen should be obtained for various risk opiate users, ODG Guidelines provide a clear guideline. For low risk opiate users, a yearly urine drug screen is recommended following initial screening within the first 6 months. The 92 pages of records do not show any recent or prior urine drug screen. The patient's current list of medications includes baclofen, carisoprodol, ibuprofen, and tramadol. Tramadol is a synthetic opiate and randome urine toxicology should be performed to check for patient compliance. Therefore, this request is medically necessary and appropriate.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>).

Decision rationale: The Claims Administrator based its decision on the MTUS ACOEM Practice Guidelines, and on the Non-MTUS Official Disability Guidelines (ODG)- The Expert Reviewer's decision rationale: This patient presents with neck pain. The provider is requesting an MRI of the cervical spine. The ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging studies. 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in the strengthening program intended to avoid surgery. 4. Clarification of anatomy prior to invasive procedure. In addition, ODG states that MRI images are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, fracture, or for a clarification of anatomy prior to surgery. The records do not show any recent or prior MRI of the cervical spine. The progress report dated 05/09/2014 shows full flexion and full extension of the cervical spine with painful terminal range of motion upon right and left lateral bending. She has tenderness in the right trapezius muscles with significant spasms noted. The report dated 04/28/2014 notes that the patient has had 4 physical therapy visits and has good potential for improvement with physical therapy. In this case, the patient does not present with any red flag issues that would warrant imaging studies of the cervical spine. Furthermore, the exam does not show any tissue insult or neurological dysfunction. Therefore, this request is not medically necessary or appropriate.