

Case Number:	CM14-0090194		
Date Assigned:	07/23/2014	Date of Injury:	08/21/2013
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational Medicine, 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:

Injured worker is a male with date of injury 8/21/2013. Per initial comprehensive pain management consultation dated 1/30/2014, the injured worker sustained a trip, fall injury resulting in pain in his neck, back with pain radiating down into his arms, lower extremities, and associated headaches. He has been on temporary total disability and has been provided with four sessions of physical therapy, medicated patches, a back brace and medications. He continues to have pain despite conservative treatment. He currently complains of neck pain with pain radiating into the head. He rates the neck pain at 7/10, ranging from 5/10 on a good day up to 9/10 on a bad day. He complains of constant low back pain with pain radiating into the bilateral legs. The pain is accompanied with numbness and tingling, muscle weakness and muscle spasm in his bilateral lower extremities. He rates the low back pain as 9/10 and ranging from 5/10 on a good day up to 9/10 on a bad day. His pain increases with moving around and is improved with lying down. On examination he appears alert, depressed, anxious and in pain. He is unable to sit in one position for prolonged periods. He walks slowly and with a cane. Heel and toe walking is painful and he is unable to perform. Squat and arise maneuver he is unable to perform because of pain. There is moderate tenderness of cervical spine over spinous processes and the bilateral paracervical regions and trapezius area. Flexion, extension and side rotation were painful and restricted. There is moderate tenderness over dorsal spinous processes and paravertebral region. Movements were painful and restricted. Lumbar spine has moderate tenderness over lumbar spinous processes, bilateral sacroiliac joints, gluteal muscles and bilateral paravertebral regions. There is no mousec spasm. Left leg is shorter than right by one inch. Straight leg raising test was painful and limited at 30 degrees on the right side and 70 degrees on the left. Pelvic tilt test is positive. Patrick's tests are positive. Flexion was limited by six inches from ground and was painful. Diagnoses include musculo ligamentous sprain/strain cervical spine, musculo

ligamentous sprain/strain dorsal spine, musculo ligamentous sprain/strain lumbar spine, degenerative disc disease and lumbar and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The clinical documents provided for review show that the injured worker has completed at least 12 sessions of acupuncture with another 8 sessions being requested. The injured worker is reported to have improved because of his acupuncture, and he reports that it is easier to walk. The clinical reports do not document any objective functional improvement. Exam findings and reported pain is unchanged. There has not been a reduction in the use of medications. The request for acupuncture 2x4 is not medically necessary.

Cyclobenzaprine 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section, page(s) 41, 42, 63, 64 Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5 mg is not medically necessary.

Hydrocodone 2.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, page(s) 74-95, 124 Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to have failed treatment with opioid pain medications as documented in the medical reports provided for review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for hydrocodone 2.5/325 mg is not medically necessary.

Omeprazole 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section, page(s), 68, 69 Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event, however he is at increased risk because he is taking nabumetone (an NSAID) and is aged over 65. The request for omeprazole 20 mg is medically necessary.