

Case Number:	CM15-0103439		
Date Assigned:	06/05/2015	Date of Injury:	10/25/2013
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with an October 25, 2013 date of injury. A progress note dated February 11, 2015 documents subjective findings (right shoulder pain radiating to the right hand; lower back pain radiating to the feet; neck pain radiating to the hands; mid back pain; generalized headaches lasting hour with blurry vision; sleep complaints), objective findings (mild limp; decreased range of motion of the cervical spine; tenderness to palpation of the bilateral trapezii, C3-C4 spinous process, C4-C& spinous process, cervical paravertebral muscle s; muscle spasm of the cervical paravertebral muscles; positive cervical compression; decreased range of motion of the thoracic spine; tenderness to palpation of the T8-T10 spinous process; straight leg raise is present; decreased range of motion of the right shoulder; tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, levator scapulae and rhomboid), and current diagnoses (headache; cervical sprain/strain; rule out cervical disc protrusion; thoracic sprain/strain; lumbosacral sprain/strain; rule out lumbar disc protrusion; right shoulder sprain/strain; rule out right shoulder internal derangement; anxiety). Treatments to date have included medications, massage therapy, imaging studies, and chiropractic therapy. The treating physician documented a plan of care that included continued chiropractic treatments, Omeprazole, Cyclobenzaprine, Ketoprofen compounded analgesic rub, and FCMC compounded analgesic rub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiropractic treatment 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 04/03/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

Decision rationale: This claimant was injured about 1.5 years ago. There is right shoulder pain, headaches, and pain in several anatomical areas. The outcomes of prior physical rehabilitative interventions is not noted. There has been massage therapy of unknown objective functional benefit. The MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to progression of care. The guides further note that treatment beyond 4- 6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Objective, functional improvement out of past rehabilitative efforts is not known. The request is not medically necessary.

Omeprazole 20mg #60 1 tab BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This claimant was injured about 1.5 years ago. There is right shoulder pain, headaches, and pain in several areas. The outcomes of prior physical interventions is not noted. There has been massage therapy. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

Cyclobenzaprine 7.5mg #60 11 tab bid PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: This claimant was injured about 1.5 years ago. There is right shoulder pain, headaches, and pain in several areas. The outcomes of prior physical interventions is not noted. There has been massage therapy. The MTUS recommends Flexeril (cyclobenzaprine) only for a short course of therapy. As needed [PRN] usage is not studied. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the requested medical treatment is not medically necessary.

Topical cream: Ketoprofen compounded analgesic rub 120gm, applied 3 times per day PM: Upheld

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

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

Decision rationale: This claimant was injured about 1.5 years ago. There is right shoulder pain, headaches, and pain in several areas. The outcomes of prior physical interventions is not noted. There has been massage therapy. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

Topical cream: FCMC compounded analgesic rub 120gm, applied 3 times per day AM:
Upheld

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

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

Decision rationale: This claimant was injured about 1.5 years ago. There is right shoulder pain, headaches, and pain in several areas. The outcomes of prior physical interventions is not noted. There has been massage therapy. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.