

Case Number:	CM15-0137494		
Date Assigned:	07/27/2015	Date of Injury:	01/12/2009
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who sustained an industrial injury on 1/12/2009 resulting in radiating neck pain and lower body pain and spasms. She was diagnosed with myalgia and myositis, chronic pain syndrome, cervical sprain, cervical radiculopathy, chronic pain syndrome, fibromyalgia, and lumber pain. Documented treatment has included chiropractic treatment which she reported as helping with pain, aqua therapy, physical therapy corticosteroid injections, and medication with no documented results provided. The injured worker continues to present with upper and lower body pain. The treating physician's plan of care includes Massage therapy to the neck, back, shoulders, and bilateral upper and lower extremities; Pantoprazole 20mg; and, Tramadol HCL 50mg. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to the neck, back, shoulders and bilateral upper and lower extremities:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.

Pantoprazole Sod Dr 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pantoprazole (Protonix), Proton Pump Inhibitors (PPIs) Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. As such, this request is not medically necessary.

Tramadol Hcl 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.