

Case Number:	CM15-0137896		
Date Assigned:	07/27/2015	Date of Injury:	12/09/2014
Decision Date:	10/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42-year-old female, who sustained an industrial injury on December 9, 2014, incurring right shoulder, neck, upper and lower back injuries after a motor vehicle accident. She was diagnosed with a cervical, thoracic and lumbar sprains and disc disease with radiculitis, right shoulder rotator cuff tear, right elbow epicondylitis and a right hip sprain. Treatment included acupuncture, epidural steroid injection, shoulder injections, right shoulder arthroscopy, pain medications, anti-inflammatory drugs, muscle relaxants, and topical analgesic creams. Currently, the injured worker complained of persistent neck pain radiating to the right hand, low back pain radiating to the lower extremities and mid back pain with right shoulder pain. The treatment plan that was requested for authorization included prescriptions for Omeprazole, Cyclobenzaprine, Tramadol, KETO ointment, FCMC ointment; eight chiropractic sessions, Magnetic Resonance Imaging of the cervical spine, thoracic spine, lumbar spine and right shoulder, and re-evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications. The current request is for Omeprazole. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications to include Cyclobenzaprine for at least 4 weeks duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids for chronic pain; Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain; Weaning, opioids; Opioids for neuropathic pain; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 42 year old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications to include opioids for at least 4 weeks duration. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that

the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

KETO ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketoprofen, topical.

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

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications. The current request is for KETO ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, KETO ointment is not indicated as medically necessary.

FCMC Ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketoprofen, topical.

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

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications. The current request is for FCMC ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, FCMC ointment is not indicated as medically necessary.

Chiro 2x4, Total 8 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

Chapter, Chiropractic Guidelines.

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

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications. The current request is for Chiropractic therapy 2 x 4, total of 8 visits. Per the MTUS guidelines cited above, manual therapy is recommended as an option for treatment in chronic low back pain. A trial of 6 visits over 2 weeks is recommended and sessions may be continued provided there is documentation of objective functional improvement. The available medical documentation indicates that the patient has received a total of 8 sessions of chiropractic therapy thus far however there is no documentation of functional improvement or change in work status resulting from these sessions. On the basis of the available medical documentation and per the MTUS guidelines cited above, chiro 2 x 4, total 8 visits, is therefore not indicated as medically necessary.

MRI of the Cervical Spine, Thoracic Spine, Lumbar Spine, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 207, 214, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic resonance imaging (MRI); Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRI's (Magnetic resonance imaging); Shoulder Chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 208-210, 304.

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain, and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications. The current request is for MRI of the cervical spine, thoracic spine, lumbar spine and right shoulder. . Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms are not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine, thoracic spine, lumbar spine and shoulder is not indicated as medically necessary.

Re-Evaluate and Treat: 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), Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 204, 299.

Decision rationale: This 42-year-old female has complained of right shoulder pain, hand pain, neck pain, elbow pain and upper and lower back pain. She has been treated with surgery, acupuncture, epidural steroid injections, physical therapy, steroid injections and medications. The current request is for re-evaluate and treat. The request for re-evaluation and treatment does not specify which treatments are being requested. The medical necessity for unspecified treatments cannot be established. On the basis of the available medical records and per the cited guidelines, re-evaluation and treatment is not indicated as medically necessary.