

Case Number:	CM15-0142655		
Date Assigned:	08/07/2015	Date of Injury:	02/26/2015
Decision Date:	09/29/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 28-year-old female, who sustained an industrial injury on 2-26-2015. The mechanism of injury is injury from when a container on a top shelf fell onto her head, neck, nose, and mouth. The current diagnoses are headaches, dizziness, facial contusion, cervical spine sprain-strain, myospasms, upper extremity neuropathy, and bilateral moderate carpal tunnel syndrome. According to the progress report dated 6-24-2015, the injured worker complains of constant head, neck, and mid back pain. She states that her head pain radiates to her upper back with numbness, tingling, and sharp sensation. Her neck pain radiates to her bilateral shoulders, arms, hands, and upper back with numbness, tingling, sharp, and a stiffness sensation. She notes her mid-back pain radiates through her entire back with numbness, tingling, and sharp sensation. The pain is rated 8 out of 10 on a subjective pain scale. Additionally, she reports worsening anxiety, depression, and insomnia. The physical examination of the cervical spine reveals hypolordosis, tenderness to palpation with spasms of the paraspinals, suboccipitals, and upper trapezius muscles bilaterally, tenderness to palpation over the C7 spinous process, and positive compression, Spurling's, and distraction test. There is documentation of ongoing treatment with Cyclobenzaprine since at least 2-26-2015 and Ibuprofen since at least 3-25-2015. Treatment to date has included medication management, computed tomography scan, physical therapy, and electrodiagnostic testing. CT scan of the cervical spine from 3-5-2015 shows no evidence of cervical spine fracture or malalignment. Work status is described as total temporary disability. A request for Paroxetine, Cyclobenzaprine, Ibuprofen, and 12 chiropractic and acupuncture sessions to the cervical spine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x wk x 6 wks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is a treatment option during the acute phase of injury, and manipulation should not be continued for more than a month, particularly when there is not a good response to treatment. Per the CA MTUS Chronic Pain Medical Treatment Guideline, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. In this case, the quantity of chiropractic treatments prescribed (12) exceeds the 6 initial visits recommended in the MTUS. Therefore, based on CA MTUS guidelines and submitted medical records, the request for 12 chiropractic sessions to the cervical spine is not medically necessary.

Paroxetine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective serotonin reuptake inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenalin, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case, the submitted medical records failed to provide documentation regarding signs and symptoms and/or a diagnosis of depression that would support the use of an anti-depressant. In addition, SSRIs are not recommended as a treatment for chronic pain. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Paxil is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Use guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Furthermore, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the guidelines only recommend use of this medication for a short duration, and not longer than 2-3 weeks. There is documentation of ongoing treatment with Cyclobenzaprine since at least 2-26-2015, and continuation for any amount of time does not comply with the recommended guidelines. Furthermore, the guidelines do not support the addition of Cyclobenzaprine to any other agents. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Cyclobenzaprine is not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, the guidelines recommend NSAIDs for short-term symptomatic relief. There is documentation of ongoing treatment with NSAIDs since at least 3-25-2015, and continuation for any amount of time does not comply with the recommended guidelines. In addition, without evidence of functional improvement supporting the subjective benefit, the medical necessity of the requested NSAID is not established. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ibuprofen is not medically necessary.

Acupuncture 2x wk x 6 wks Cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS recommends an initial trail of 3-6 visits. In this case, the guidelines suggest that acupuncture may be used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation to hasten functional recovery. The submitted medical records failed to provide documentation that the injured workers oral pain medication was reduced or not tolerated. Furthermore, the prescription for 12 visits greatly exceeds the MTUS recommendations for an initial course of acupuncture. Therefore, based on the CA MTUS Acupuncture Guidelines and submitted medical records, the request for 12 acupuncture sessions to the cervical spine is not medically necessary.