

Case Number:	CM15-0160086		
Date Assigned:	08/26/2015	Date of Injury:	05/14/2015
Decision Date:	10/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, Michigan

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:

The injured worker is a 34-year-old male, with a reported date of injury of 05-14-2015. The mechanism of injury was the result of hitting the top of his head on a piece of wood after jumping. The injured worker's symptoms at the time of the injury included confusion, dizziness, pain in the top of his head, headaches, and neck pain. The diagnoses include cervical radiculopathy, shoulder impingement, thoracic contusion, and headache. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included a CT scan of the brain on 06-12-2015 with normal findings. The initial comprehensive report dated 06-23-2015 indicates that the injured worker had an x-ray of his neck and a CT scan of his head. He was prescribed Naproxen which he stopped taking as it did not help relieve the pain. The injured worker currently complained of frequent headaches, neck pain, left shoulder pain, left elbow pain, and mid back pain. It was noted that the injured worker was currently not working. The neck pain was rated 3 out of 10; the left shoulder pain was rated 3 out of 10, with numbness and tingling sensation; the left elbow pain was rated 4 out of 10, with numbness; and the mid back pain was rated 3 out of 10. The physical examination showed spasm in the cervical and thoracic paraspinal muscles; tenderness of the cervical and thoracic paraspinal muscles; restricted cervical range of motion; normal muscle testing of the bilateral elbows; positive left cervical Spurling's test; tenderness to pressure over the right shoulder; restricted left shoulder range of motion; and positive left shoulder impingement sign. The treatment plan included physical therapy three times a week for four weeks for the neck, left shoulder, and thoracic spine; electrodiagnostic studies of the bilateral upper extremities; Naproxen 550 mg #60, one

tablet twice daily; and Omeprazole 20mg #30, one tablet daily. The injured worker was on temporary total disability for six weeks. The treating physician requested Naproxen 550mg #60 with two refills, Omeprazole 20mg #30 with two refills, physical therapy for the cervical spine, and EMG- NCV (electromyography and nerve conduction velocity) for the bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer, Roche Laboratories, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. The guidelines state "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The guidelines also indicate that for osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is inconsistent evidence for the use of these medications for the treatment of long-term neuropathic pain; however, NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. There was documentation that the injured worker had numbness and tingling in the left shoulder and left elbow. The injured worker has been on Naproxen since at least 06-23-2015. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Naproxen is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer, AstraZeneca Pharmaceuticals, Proton pump inhibitor, Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: This injured worker has been prescribed Naproxen, a non-steroidal anti-inflammatory medication (NSAID), and Omeprazole, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an NSAID and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for

gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Omeprazole since 06-23-2015. There was no documentation that the injured worker had any GI signs, symptoms or is at increased risk for a GI event. Therefore, the request for Omeprazole is not medically necessary.

Physical therapy three times a week for four weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The injured worker has been diagnosed with cervical radiculopathy. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. The MTUS ACOEM Guidelines recommend 1-2 physical therapy visits for education, counseling, and evaluation of home exercises. The guidelines also indicate that physical manipulation for the neck pain early in care only is optional. The request exceeds guideline recommendation. Therefore, the request for twelve physical therapy sessions for the cervical spine is not medically necessary.

EMG-NCV (electromyography and nerve conduction velocity) of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that "appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy." The injured worker has been diagnosed with cervical radiculopathy. It was noted that nerve conduction studies (NCS) or in more difficult cases, electromyography (EMG) may be helpful. The MTUS says that if electrodiagnostic

studies are negative, tests may be repeated later in the course of treatment if symptoms continue. The guidelines state that for "most patients presenting with true hand and wrist problems, special studies are not needed until after a four-to six-week period of conservative care and observation." The injured worker has been taking oral pain medication since at least 06-23-2015 and has had positive neurological signs in the left upper extremity according to the medical records provided for review. Therefore, the request for an EMG and NCV of the bilateral upper extremities is medically necessary.