

Case Number:	CM15-0180131		
Date Assigned:	09/22/2015	Date of Injury:	12/22/2011
Decision Date:	11/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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:

The injured worker is a 41 year old female, who sustained an industrial injury on 12-22-2011. She has reported injury to the low back. The injured worker has been treated for low back pain syndrome; lumbar spine sprain-strain; lumbar radiculopathy; left shoulder rotator cuff tear; right shoulder impingement syndrome; cervical spine sprain-strain, disc bulge; cervicogenic headache; thoracic spine sprain-strain; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, activity modifications, interferential unit, and physical therapy. Medications have included Norco, Prilosec, Bupropion SR, Xanax, Restoril, and topical compounded cream. A progress report from the treating provider, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported constant neck pain with numbness and tingling; the pain is rated at 6 out of 10 in intensity; the pain increases with activity; the pain decreases with medications; Norco and Cyclobenzaprine-Tramadol cream also helpful; interferential unit very helpful with her pain; now she has constant pain, whereas it was controlled with medications; bilateral shoulder pain is constant and radiating up to her neck, left side greater than right; the pain is rated at 6 out of 10 in intensity; and prolonged position and some movements increase pain. It is noted that her interferential unit is not working well. Objective findings included in mild distress; observed as depressed; guarding of the bilateral upper extremities and shoulders; moves about with stiffness; tenderness noted at the left and right sub-occipital, cervical regions, left and right acromioclavicular joint and bicep tendon groove; positive Hawkins and Neer's at the bilateral shoulders; and tenderness to palpation, tightness, and spasm noted at the bilateral traps. The treatment plan has included the request for interferential unit and supplies; Norco 5-325mg #60; Prilosec 20mg #30 with 1 refill; and Cyclobenzaprine-Tramadol cream #1. The original utilization review, dated 08-10-2015, non-certified a request for interferential unit and supplies; Norco 5-325mg #60; Prilosec 20mg #30 with 1 refill; and Cyclobenzaprine-Tramadol cream #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit & supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Interferential unit & supplies is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 5/325mg #60 is not medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #30 with 1 refill is not medically necessary.

Cyclobenzaprine-Tramadol cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine-Tramadol cream #1 is not medically necessary.