

Case Number:	CM15-0181767		
Date Assigned:	09/23/2015	Date of Injury:	01/15/2015
Decision Date:	10/29/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/15/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 1-15-15. Current diagnoses include neck sprain, trapezius sprain-strain with left upper extremity radiculopathy, degenerative disc disease, central stenosis, left shoulder strain, mild acromioclavicular degeneration, and right knee sprain. His work status is temporary total disability. A report dated 8-17-15 reveals the injured worker presented with complaints of neck pain that radiates down his left shoulder and is associated with numbness and tingling. In a note dated 7-7-15 the injured worker reported right knee pain and that his knee gives out. A physical examination dated 8-17-15 revealed cervical spine; tenderness to palpation at the bilateral "sub-occipitals, paravertebral muscles, trapezius with spasm (left greater than right)", and positive compression left upper extremity. The right knee reveals tenderness to palpation at the "MJL peripatellar". Treatment to date has included cervical traction with minimal results, per note dated 7-7-15, and medications (Ultram, Ibuprofen). Diagnostic studies to date has included MRI dated 7-14-15, which revealed a 3 mm midline and left paracentral disc protrusion at C5-C6 resulting in "abutment and flattening of the cervical cord with moderate central canal narrowing as well as a 3 mm biforaminal disc osteophyte complexes with abutment of the exiting cervical nerve roots bilaterally and narrowing of the neural foramina bilaterally. There is a 2 mm midline disc protrusion with a mild degree of central canal narrowing at C3-C4. There is also a 3 mm biforaminal disc osteophyte complexes resulting in abutment of the exiting cervical nerve roots bilaterally. An electrodiagnostic study (6-2015) was negative and x-rays. A request for authorization dated 8-27-15 for pain management consult is non-certified due to lack of

documented symptoms that would warrant the request and Motrin 600 mg #120 is non-certified due to existing high blood pressure and, per the guidelines, doses greater than 400 mg have not provided greater pain relief, per Utilization Review letter dated 8-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter; Chronic Pain Disorder; Section: Therapeutic Procedures, Non-operative), 04/27/2007, page 56.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of significant neck pain and shoulder pain that have failed treatment by the primary treating physician. Therefore criteria for a pain management consult have been met and the request is medically necessary.

Motrin 600mg #120: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Chronic low back pain: Recommended as an option for

short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.