

Case Number:	CM15-0182505		
Date Assigned:	09/23/2015	Date of Injury:	07/22/2014
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 49 year old male, who sustained an industrial injury on 7-22-2014. The injured worker was diagnosed as having cervical spine sprain-strain, rule out radiculitis (left greater than right secondary to herniated cervical disc), right shoulder sprain-strain, rule out tendinitis impingement, left shoulder sprain-strain, rule out tendinitis impingement, cuff tear and internal derangement, right hip sprain-strain, rule out internal derangement, left hip sprain-strain, left knee sprain-strain, left ankle sprain-strain, rule out internal derangement, and status post gastric sleeve surgery. Treatment to date has included diagnostics, unspecified physical therapy, and medications. Currently (8-21-2015), the injured worker complains of pain in his neck and shoulders, numbness and tingling to his left arm and hand, and increased grinding-popping to his shoulder upon movements. Pain was rated 9 out of 10 (increased from rating range 4-5 out of 10 in 8-2014). Work status was total temporary disability. Exam of the cervical spine noted positive foraminal compression and Spurling's tests, along with tightness and spasm. Cervical range of motion noted forward flexion 30 degrees, extension 20 degrees, bilateral rotation 45 degrees, and bilateral lateral bending 10 degrees. Exam of the left shoulder noted range of motion with flexion to 100 degrees, extension 15 degrees, abduction 90 degrees, adduction 25 degrees, internal rotation 45 degrees, and external rotation 40 degrees. Impingement test was positive, along with noted tenderness over the greater tuberosity of left humerus and rotator cuff muscles. There was also left subacromial grinding and clicking. Exam of the right shoulder noted flexion to 90 degrees, extension 20 degrees, abduction 90 degrees, adduction 25 degrees, internal rotation 35 degrees, and external rotation 40 degrees.

Impingement test was positive, along with noted tenderness over the greater tuberosity of right humerus and rotator cuff muscles. An exam of the hips, knees, and/or ankles was not noted. He received a Toradol injection for pain relief. There was also right subacromial grinding and clicking. Magnetic resonance imaging of the right shoulder (11-2014) showed partial tear of the supraspinatus tendon, infraspinatus tendinosis, osteoarthropathy of acromioclavicular joint, and minimal subscapularis bursitis. Magnetic resonance imaging of the cervical spine (11-2014) showed straightening of the cervical spine, disc desiccation throughout, mild cerebellar tonsillar herniation of less than 5mm, focal central disc protrusions, bilateral neuroforaminal narrowing effacing the left and right C5 exiting nerve roots, diffuse disc protrusions, narrowing of the left neural foramen effacing the left C7 exiting nerve root, and C7-T1 peridiscal osteophytes on both sides and posterior osteophytes along with hypertrophy of facet joints and uncinated process, causing spinal canal narrowing and neural foraminal narrowing on both sides. Magnetic resonance imaging of the left knee (11-2014) showed early degenerative arthritic changes, small knee joint effusion, myxoid degeneration in the body and both horns of lateral meniscus, grade 2 intrasubstance degeneration in the body and posterior horn of medial meniscus, Baker's cyst posteromedial to the knee joint, and patella showing mild medial subluxation on kinematic images. X-ray of the left knee revealed mild degenerative joint disease with ossified calcific deposit in ligament patella (orthopedic report (10-24-2014). X-ray of the left foot revealed no fracture (orthopedic report 10-24-2014). X-ray of the pelvis with hips (orthopedic report 10-24-2014) revealed moderate degenerative joint disease with joint space narrowing (right greater than left). The use of nonsteroidal anti-inflammatory drugs and Norco was noted since at least 7-2014. The treatment plan included refill Norco 10-325mg #120, refill Motrin 800mg #90, refill Prilosec 2 0mg #60, continued Physiotherapy-chiropractor x6 for the cervical spine, bilateral shoulders, bilateral hips, left knee and left ankle, acupuncture x12 to the cervical spine, bilateral shoulders, bilateral hips, left knee and left ankle, and ultrasound guided Cortisone injection for the bilateral shoulders. On 9-04-2015, Utilization Review non-certified the requested Norco, Motrin, and physiotherapy-chiropractor, certified the requested Prilosec and ultrasound guided injection, and modified the requested acupuncture to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of

daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available do not reveal documentation of pain and functional improvement with the use of this medication as well as ongoing management actions as required by the guidelines, therefore the request for Norco 10/325mg #120 is not medically necessary.

Motrin 800mg #90: Overturned

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are 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. A review of the injured workers medical records that are available to me reveal subjective and objective documentation of the injured workers pain and the use of an NSAID would be appropriate in the injured worker, therefore the request for Motrin 800 mg # 90 is medically necessary.

6 Sessions physiotherapy/chiropractor for cervical spine, bilateral shoulders, bilateral hips, left knee, left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Pain, Suffering, and the Restoration of Function Chapter, page 114 / Official Disability Guidelines (ODG): Neck and Upper Back, and Shoulders Chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Unfortunately, this request is for multiple parts of the anatomy, which all have different guideline recommendations, it is not possible to evaluate as a single request and therefore the request for 6 Sessions physiotherapy/chiropractor for cervical spine, bilateral shoulders, bilateral hips, left knee, left ankle is not medically necessary.

12 Sessions acupuncture to cervical spine, bilateral shoulders, bilateral hips, left knee, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic). Acupuncture.

Decision rationale: The MTUS, recommends acupuncture as an option when pain medication is reduced or not tolerated, and 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. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Based on the guidelines the request for 12 sessions acupuncture to the cervical spine exceeds the guideline recommendations of an initial trial of 3-4 visits and also this requests is for multiple parts of the anatomy which all have different guideline recommendations, it is not possible to evaluate as a single request and therefore the request for 12 Sessions acupuncture to cervical spine, bilateral shoulders, bilateral hips, left knee, left ankle is not medically necessary.