

Case Number:	CM15-0198296		
Date Assigned:	10/13/2015	Date of Injury:	12/09/2014
Decision Date:	12/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on December 9, 2014, incurring injuries to the cervical spine, thoracic spine and right shoulder. She was diagnosed with a cervical sprain, thoracic sprain and a right shoulder sprain. Treatment included chiropractic sessions, anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, pain medications, topical analgesic creams, and activity restrictions. Currently, the injured worker complained of constant neck pain radiating from the back to the right shoulder with numbness and tingling. She noted thoracic spine pain occasionally exacerbated by bending, prolonged walking and standing. She reported constant right shoulder pain worsened with reaching above shoulder level, reaching overhead, pushing and pulling and lifting. She developed anxiety and depression due to the chronic pain and limited movement affecting her activities of daily living. The treatment plan that was requested for authorization on October 8, 2015, included prescriptions for Omeprazole 20 mg #60, Cyclobenzaprine 7.5 mg #60, KETO ointment 120 mg, FCMC ointment 120 gm and a request for chiropractic sessions 2 times a week for 4 weeks for the lumbar spine, cervical spine thoracic spine and right shoulder. On September 11, 2015, a request for prescriptions for Omeprazole, Cyclobenzaprine, compound ointments and a request for chiropractic sessions were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation 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: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. Within the records, there is no recent mention of significant NSAID related dyspepsia. As such, the request for Omeprazole is not medically necessary and will be non-certified.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain - Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the submitted records, there is no significant improvement in pain noted, nor is there improvement in function or ability to participate in ADLs as a result of muscle relaxant use. The long-term use of these agents is not supported. This request is not medically necessary.

KETO Ointment 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter- Ketoprofen, topical.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Within the most recent PR-2 note submitted for review, there is no mention of failure to first line oral neuropathic pain medications. As such, the request for topical KETO cream is not medically necessary.

FCMC Ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Within the most recent PR-2 note submitted for review, there is no mention of failure to first line oral neuropathic pain medications. As such, the request for topical FCMC cream is not appropriate. Furthermore, this compound contains Ketoprofen and the MTUS does not support topical Ketoprofen secondary to high incidence of photo-contact dermatitis. The request is not medically necessary.

Chiropractic treatment 2 times per week for 4 weeks for the lumbar spine, cervical spine and thoracic spine, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter, Official Disability Guidelines (ODG): Neck & Upper Back Chapter - Manipulation, Official Disability Guidelines (ODG) Chiropractic Guidelines.

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

Decision rationale: California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely

used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The California MTUS does not address cervical spine manual therapy. According to the ODG, manual therapy to the cervical spine can be considered for cervical nerve root compression with radiculopathy, patient selection based on previous chiropractic success, and with frequency recommendation of a trial of six visits over 2-3 weeks. Within the submitted records, there are many illegible chiropractic daily therapy notes available but no clear evidence of functional/objective improvements, and no improvement noted with ability to participate in activities of daily living to warrant continued therapy. At least 8 previous sessions have been completed. At this time, continued treatment is not appropriate and the request is not medically necessary.