MAXIMUS Federal Services

Case Number:	CM15-0204487		
Date Assigned:	10/21/2015	Date of Injury:	02/14/2013
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 31 year old male, who sustained an industrial injury on 2-14-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine strain and right shoulder strain with numbness and tingling. On 9-4-2015 the injured worker reported complains of pain in the neck and numbness and tingling in his right arm, hand, and left arm and hand, and migraines. The Primary Treating Physician's report dated 9-4-2015, noted a normal electromyography (EMG)-nerve conduction velocity (NCV) of the right upper extremity, and unremarkable MRIs of the cervical spine, brain, and right shoulder. The physical examination was noted to be unchanged. Prior treatments have included Ibuprofen prescribed since at least 4-28-2015. The treatment plan was noted to include follow-up with a pain management specialist, continued Norco, and prescribed Motrin, and Zanaflex. The injured worker's work status was noted to be permanent and stationary, working full time. The request for authorization dated 10-5-2015, requested Ibuprofen 800mg QTY: 80 and consultation with pain management specialist for the neck. The Utilization Review (UR) dated 10-15-2015, denied the requests for Ibuprofen 800mg QTY: 80 and consultation with pain management specialist for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg Qty 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with pain in his neck. He also complains of migraine for which he is being seen by [redacted] The request is for IBUPROFEN 800 MG QTY 80. The request for authorization form is not provided. EMG/NCV or the right upper extremity, 07/31/15, shows normal conduction velocity studies and normal needle EMG findings, no electrical evidence of acute or chronic denervation. MRI of the cervical spine, 05/01/13, was unremarkable. MRI of his brain, 08/15/13, was also unremarkable. Patient's diagnoses include cervical spine strain; right shoulder strain. Physical examination of the head and neck reveals pain on palpation of the cervical spine or the paracervical musculature. Pain in the neck with ranges of motion. Patient's medications include Norco, Motrin, and Zanaflex. Per progress report dated 09/04/15, the patient is working full-time. MTUS, Anti-inflammatory medications Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS, Medications for chronic pain Section, pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/04/15, treater's reason for the request is "for spasms." Review of provided medical records show the patient was prescribed Ibuprofen on 04/28/15. However, the treater has not documented how Ibuprofen has been effective in management of pain reduction and functional improvement with specific examples. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Consultation with pain management specialist, neck, Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, Chapter 7, pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The patient presents with pain in his neck. He also complains of migraine for which he is being seen by [redacted] The request is for consultation with pain management specialist, neck, QTY 1. The request for authorization form is not provided. EMG/NCV or the right upper extremity, 07/31/15, shows normal conduction velocity studies and normal needle

EMG findings, no electrical evidence of acute or chronic denervation. MRI of the cervical spine, 05/01/13, was unremarkable. MRI of his brain, 08/15/13, was also unremarkable. Patient's diagnoses include cervical spine strain; right shoulder strain. Physical examination of the head and neck reveals pain on palpation of the cervical spine or the paracervical musculature. Pain in the neck with ranges of motion. Patient's medications include Norco, Motrin, and Zanaflex. Per progress report dated 09/04/15, the patient is working full-time. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: “The occupational health practitioner may refer to other specialists 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.” ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 09/04/15, treater's reason for the request is "follow up with [redacted] a pain management specialist, as suggested by [[redacted]]." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Consultation with Pain Management Specialist. The patient continues with neck pain and is prescribed Norco, an opioid. Given the patient's chronic neck pain and narcotics medication, a Consultation with Pain Management Specialist may contribute to improved management of symptoms. Therefore, the request is medically necessary.