

Case Number:	CM15-0205554		
Date Assigned:	10/22/2015	Date of Injury:	05/02/2015
Decision Date:	12/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York
Certification(s)/Specialty: Internal 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 43-year-old female, who sustained an industrial injury on 05-02-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for chronic cervical myofascial pain, rule out cervical radiculopathy, rule out upper extremity compression neuropathy, bilateral wrist sprain-strain, right shoulder pain, and cervical paraspinal trigger points. Treatment and diagnostics to date has included upper extremity electromyography-nerve conduction velocity studies, physical therapy, trigger point injections, home exercise program, and medications. Recent medications have included Ibuprofen and Cyclobenzaprine (both since at least 07-23-2015). No urine drug screen reports noted in received medical records. Subjective data (08-20-2015 and 09-17-2015), included cervical pain with right greater than left upper extremity symptoms rated 7 out of 10 on the pain scale. Objective findings (08-20-2015) included cervical spine tenderness with cervical paraspinal muscles trigger points. The request for authorization dated 09-16-2015 requested extracorporeal shockwave therapy to treat cervico-paraspinal trigger points-myofascial pain syndrome, five sessions, Ibuprofen 800mg twice a day #60, Cyclobenzaprine 7.5mg daily #30, and urine toxicology screen. The Utilization Review with a decision date of 09-23-2015 non-certified the request for extracorporeal shockwave therapy x 5 to cervical spine, Ibuprofen 800mg #60, Cyclobenzaprine 7.5mg #30, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT (Extracorporeal Shock-Wave Therapy) times 5 to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Low Back Chapter--Extracorporeal shock wave therapy (ESWT).

Decision rationale: CA MTUS does not address this; therefore, the requested treatment is evaluated in light of Official Disability Guidelines (ODG). Extracorporeal shock wave therapy (ESWT) is not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Two small studies have been published for upper back or neck pain. In this study, trigger point treatment with radial shock wave used in combination with physical therapy provided temporary relief of neck and shoulder pains, but the effects of radial shock wave without physical therapy need to be examined in further studies. The medical records do not include any clear rationale for such treatment. The requested treatment: ESWT (Extracorporeal Shock-Wave Therapy) times 5 to cervical spine is not medically necessary.

Ibuprofen 800mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They 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. Also per the MTUS, NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. According to the documentation submitted the injured worker has been prescribed Ibuprofen on a long-term basis, and the complaints are not an acute exacerbation. There has been no compelling evidence presented by the provider to document that the injured worker has had any significant functional improvements from this medication. Therefore the request treatment: Ibuprofen 800mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

Decision rationale: This request for urine drug test is evaluated in light of the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records does not indicate substance abuse, noncompliance, or aberrant behavior. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met; therefore, the request for Urine Toxicology Screen is not medically necessary.