

Case Number:	CM15-0023225		
Date Assigned:	02/13/2015	Date of Injury:	06/28/2000
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/06/2015

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, Indiana, 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 59 year old male, who sustained an industrial injury on 6/28/2000. He has reported pain in the back and neck with lifting. The diagnoses have included left shoulder impingement syndrome, facet arthropathy L4-S1, hydrocele/epididymitis surgery with ongoing pain, failed spinal cord stimulator trial, C3-4 disc degeneration, bilateral cervical radiculopathy, and status post left shoulder arthroscopies without improvement x 2, lumbar disc degeneration, right knee derangement status post arthroscopy x 2, and bilateral groin pain, radicular in nature. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, analgesic, therapeutic steroid injections, and physical therapy. He failed a spinal cord stimulator trial. Currently, the IW complains of ongoing groin pain and numbness, constant neck pain, and lower back pain that is associated with radiation to bilateral lower extremities, rated 8/10 VAS without medication and 7/10 with medication. Physical examination documented tenderness and spasms cervical, trapezius, with decreased sensation left C5 dermatome. Lumbar spine demonstrated decreased sensation right L3 and right S1 dermatome. On 2/4/2015 Utilization Review non-certified Butrans Patch 15mcg #4, six (6) sessions of physical therapy for cervical spine twice a week for three weeks, and Protonix 20mg #30, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/6/2015, the injured worker submitted an application for IMR for review of Butrans Patch 15mcg #4, six (6) sessions of physical therapy for cervical spine twice a week for three weeks, and Protonix 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine physical therapy, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine 2 times per week for 3 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are facet arthropathy L4 - S1; failed spinal cord stimulator trial; C3 - C5 degeneration; chronic intractable pain; bilateral groin/testicular pain probably radicular nature; left shoulder impingement syndrome/AC joint degenerative disease; right internal derangement status post arthroscopy times to; right hip degenerative joint disease; L1 - L3 and L4 - S1 disc degeneration; and intermittent bilateral cervical radiculopathy. Objectively, physical examination of the neck showed tenderness to palpation with a slight decrease in range of motion. There are no functional deficits noted with a resulting need for physical therapy. The year of injury is 2000. There was no documentation of prior physical therapy in this medical record. Consequently, absent clinical documentation with an indication and rationale for physical therapy with no significant functional deficits requiring physical therapy, physical therapy cervical spine 2 times per week for 3 weeks is not medically necessary.

Butrans Patch 15 mcg # 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Butrans

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 15mcg #4 is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia complement pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's relevant working diagnoses are facet arthropathy L4 - S1; failed spinal cord stimulator trial; C3 - C5 degeneration; chronic intractable pain; bilateral groin/testicular pain probably radicular nature; left shoulder impingement syndrome/AC joint degenerative disease; right internal derangement status post arthroscopy times to; right hip degenerative joint disease; L1 - L3 and

L4 - S1 disc degeneration; and intermittent bilateral cervical radiculopathy. The documentation states Norco was modified and a pain pump was requested and denied. According to the diagnoses, the injured worker had a failed spinal cord stimulator trial. The injured worker does not have a history of previous detoxification from other high-dose opiates or any other clinical indication enumerated in the Official Disability Guidelines that warrant a Butrans patch. There is no documentation with a clinical indication for rationale for starting Butrans. Consequently, absent clinical documentation with the clinical indication and rationale for Butrans, Butrans patch 15mcg #4 is not medically necessary.

Protonix 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's relevant working diagnoses are facet arthropathy L4 - S1; failed spinal cord stimulator trial; C3 - C5 degeneration; chronic intractable pain; bilateral groin/testicular pain probably radicular nature; left shoulder impingement syndrome/AC joint degenerative disease; right internal derangement status post arthroscopy times to; right hip degenerative joint disease; L1 - L3 and L4 - S1 disc degeneration; and intermittent bilateral cervical radiculopathy. The injured worker does not have any comorbid conditions or past medical history of gastrointestinal risk factors. Specifically, there is no history of peptic ulcer disease, G.I. bleeding or concurrent use of aspirin. Consequently, absent clinical documentation with respect to his for a gastrointestinal event, Protonix 20 mg #30 is not medically necessary.