

Case Number:	CM15-0023745		
Date Assigned:	02/13/2015	Date of Injury:	04/12/2013
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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, California
Certification(s)/Specialty: Family Practice

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 57 year old male with an industrial injury dated 04/12/2013. The mechanism of injury is documented as a work related motor vehicle accident. On 12/24/2014 he presented with complaints of neck and upper back pain and numbness in both arm. He also complains of low back pain. Pain is rated as 7-10/10 without medications and 5-8/10 with medications. Physical exam revealed diffuse tenderness to palpation with paraspinal tightness and muscle spasm. There was trigger point tenderness at cervical 2-3, 4-5 and cervical 5-6. Thoracic spine was positive for muscle spasms and lumbar spine showed diffuse tenderness. Prior diagnostics are included in the 12/24/2014 note (cervical MRI, thoracic MRI, lumbar spine MRI, CT of head, chest abdomen and pelvis and brain MRI). Prior treatment includes massage therapy, pool therapy, home exercise program, physical therapy and medications. Diagnoses included: Chronic pain syndrome Degenerative disc disease, cervical, thoracic and lumbar Head injury Other diagnoses are documented in the note of 12/24/2014 On 01/07/2015 utilization review denied the request for massage therapy 1 x 6. MTUS was cited. The request for Zofran 8 mg # 10 was also denied. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: The MTUS guidelines recommends massage therapy. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the claimant had completed an unknown amount of massage and acupuncture treatments almost 1 year ago. The request for additional therapy is beyond the amount recommended by the guidelines and is not medically necessary.

Zofran 8 mg, ten count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 93 - 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and anti-emetics

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Odansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and was using it due to nausea related to pain medication use. The Zofran is not medically necessary.