

Case Number:	CM15-0050884		
Date Assigned:	03/24/2015	Date of Injury:	12/10/2014
Decision Date:	05/13/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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 63-year-old male who reported an injury on 12/10/2014. The mechanism of injury was not stated. The current diagnoses include post concussion syndrome with headache and dizziness, cervical sprain, cervical myofasciitis, rule out cervical disc protrusion, rule out cervical radiculitis, thoracic sprain, thoracic myofasciitis, lumbosacral sprain, lumbar muscle spasm, rule out lumbar disc protrusion, left shoulder sprain, left shoulder impingement syndrome, and left shoulder adhesive tendinitis. The injured worker presented on 02/09/2015 for a follow-up evaluation with complaints of 7/10 pain over multiple areas of the body. Upon examination, there was decreased and painful cervical range of motion, 3+ tenderness over the cervical paravertebral muscles, spasm in the cervical paravertebral muscles, pain with cervical compression, pain with shoulder depression bilaterally, pain with Soto-Hall testing, decreased and painful thoracic and lumbar range of motion, 3+ tenderness to palpation over the paravertebral muscles with positive spasm, positive Kemp's testing, positive straight leg raising bilaterally, decreased and painful left shoulder range of motion, 3+ tenderness over the anterior and lateral shoulder, and pain with Hawkin's and supraspinatus press testing. Recommendations at that time included physical therapy, kinetic activities, an MRI of the cervical and lumbar spine, an MRI of the left shoulder, a Functional Capacity Evaluation, and a referral to a neurologist. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (unspecified dosage/ quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the medical necessity for a proton pump inhibitor has not been established. In addition, there is no strength, frequency, or quantity listed in the request. As such, the request is not medically necessary.

Flexeril (unspecified dosage/ quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Muscle relaxants are recommended as a nonsedating second line option for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The current request does not include a strength, frequency, or quantity. Therefore, the request is not medically necessary at this time.

Compound Methoderm Creams (unspecified dosage/ quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There is also no strength, frequency, or quantity listed in the request. Therefore, the request is not medically necessary at this time.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

IF(Interferential) 4000 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. In this case, there was no documentation of a failure of conservative treatment. The California MTUS Guidelines also indicate a 1 month trial should be initiated prior to a unit purchase. There was no documentation of a successful 1 month trial prior to the request for an interferential unit. Given the above, the request is not medically necessary.