

Case Number:	CM15-0069147		
Date Assigned:	04/16/2015	Date of Injury:	09/13/2012
Decision Date:	07/24/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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 47-year-old female, who sustained an industrial/work injury on 9/13/12. She reported initial complaints of neck and head pain. The injured worker was diagnosed as having multiple disc herniations of the cervical spine, right shoulder subacromial bursitis and impingement, left shoulder subacromial bursitis and impingement, and right hand arthralgia. Treatment to date has included medication, chiropractic care, physical therapy (24 visits), acupuncture (24 visits), and diagnostics. MRI results were reported on 11/28/12 and 11/22/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 9/10/13 and 6/23/14. X-Rays results were reported on 5/27/14. Currently, the injured worker complains of headaches, neck pain, and bilateral arm symptoms. There was also low back pain. Per the primary physician's progress report (PR-2) on 3/18/15, the pain was rated 3-4/10 and worst at 7/10. Examination revealed right sided facet loading in the cervical spine, moderate tenderness on the cervical spine facet right greater than left, range of motion was decreased with decreased extension. There was decreased sensation at C8 dermatome on the left to light touch and pinprick. The requested treatments include MRI of the cervical spine, Omeprazole, Lidopro topical ointment with applicator, Massage Therapy to the cervical and left shoulder, Notripyline HCL, Diclofenac Sodium ER, and follow up in 4 weeks unspecified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 177.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complains of ongoing neck pain. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to establish the medical necessity for repeat MRI. The request for MRI of the cervical spine is not medically necessary by MTUS.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg #60 is not medically necessary per MTUS guidelines.

Lidopro topical ointment with applicator #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. MTUS provides no evidence recommending the use of topical Menthol. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. Per guidelines, any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro topical ointment with applicator #1 is not medically necessary.

Massage Therapy, twice weekly for 6 weeks cervical and left shoulder: 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: MTUS recommends Massage therapy as an adjunct to other treatment (e. g. exercise), and it should be limited to 4-6 visits in most cases. Documentation provided indicates that the injured worker complains of chronic neck and left shoulder pain. Chart documentation demonstrates no significant improvement in pain with previous treatment modalities, including Physical Therapy and Chiropractic treatment. Furthermore, the current requested service exceeds that recommended by MTUS. The request for Massage Therapy, twice weekly for 6 weeks cervical and left shoulder is not medically necessary per guidelines.

Notripyline HCL 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 -16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs) as first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. Documentation fails to show improvement in the injured worker's pain to establish the medical necessity for ongoing use of Notripyline HCL. The request for Notripyline HCL 25mg #60 is not medically necessary by MTUS.

Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68; 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute

exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Diclofenac Sodium ER 100mg #60 is not medically necessary.

Follow up in 4 weeks unspecified body part: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker reports no significant improvement in pain with treatment modalities provided to date. Per guidelines, the request for Follow up in 4 weeks unspecified body part is medically necessary.