MAXIMUS Federal Services

Case Number:	CM15-0071362		
Date Assigned:	04/21/2015	Date of Injury:	10/25/2013
Decision Date:	08/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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 53-year-old female, who sustained an industrial/work injury on 10/25/13.She reported initial complaints of pain in the right shoulder and trapezius muscle. The injured worker was diagnosed as having headache, cervical sprain/strain, rule out cervical disc protrusion, thoracic sprain/strain, lumbosacral sprain/strain, rule out lumbar disc protrusion, right shoulder sprain/strain; rule out right shoulder internal derangement, disruptions of sleep, and anxiety. Treatment to date has included oral and topical medication and diagnostics. MRI results were reported on 3/24/15. X-Rays results were reported on 3/24/15. Currently, the injured worker complains of right shoulder pain radiating to the right hand, lower back pain radiating to the feet, neck pain radiating to the hands, mid back pain, and generalized headaches with blurry vision, partially relieved by medication. Per the primary physician's initial medical report (PR-2) on 2/11/15, exam noted a mild limp. Cervical spine had limited range of motion, tenderness to palpation of the bilateral trapezii, C3-4 spinous process, C4-7 spinous process, cervical paravertebral muscles, and spinous processes. There is muscle spasm of the cervical paravertebral muscles and cervical compression is positive. There is tenderness to palpation of the bilateral trapezii and T8-10 spinous processes. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, levator scapulae, and rhomboid. The requested treatments include Chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit for home use, Omeprazole, Cyclobenzaprine, Topical cream-Ketoprofen compound analgesic rub, and topical cream: FCMC compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, twice a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Per MTUS guidelines, it is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Review of Medical Records do not indicate that this modality was attempted in the past, therefore the request for Chiropractic therapy for treatment for lumbosacral sprain is medically necessary and appropriate.

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 115-116.

Decision rationale: As Per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and was there any functional benefit. A treatment plan that includes the specific short and long-term goals of treatment with TENS unit cannot be located in the submitted Medical Records. The Requested Treatment TENS Unit is not medically necessary and appropriate.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Proton pump inhibitors (PPIs).

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this injured worker, there is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Omeprazole is not medically necessary.

Cyclobenzaprine 75mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. 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 non-steroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Topical Cream-Ketoprofen compound analgesic rub: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records

that the injured worker has failed a trial of antidepressants and anticonvulsants. Based on the currently available medical information for review, there is no documentation why this particular cream is requested; the medical necessity for this cream is not medically necessary.

Topical Cream: FCMC compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. Based on the currently available medical information for review, there is no documentation why this particular cream is requested, the medical necessity for this cream is not medically necessary.