

Case Number:	CM14-0124636		
Date Assigned:	08/08/2014	Date of Injury:	08/26/2008
Decision Date:	09/26/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female who was injured on 8/26/2008. The diagnoses are neck pain, headache, low back pain, and shoulder and knee pain. There are associated diagnoses of anxiety, depression and fibromyalgia. The past surgery history is significant for lumbar fusion, right and bilateral knees surgery. She completed physical therapy, acupuncture, aquatic exercise, psychotherapy and cervical epidural steroid injections. On 7/10/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. There were objective findings of muscular tenderness over cervical and lumbar spine and decreased sensation over C5, C6 and C7 dermatomes. A Utilization Review determination was rendered on 8/5/2014 recommending non certification for additional aquatic exercise therapy to the lumbar and cervical spines, Imitrex 100mg #4, urine drug screen, Naproxen 550mg, Tizanidine 4mg #30, Topamax 25mg #60, Pantoprazole 20mg #60 and Cartivisc 500/200 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Cervical/Lumbar 2 x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 46-47,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The California MTUS and the ODG guidelines recommend that aquatic therapy can be beneficial when it is necessary to continue exercise therapy in patients that cannot withstand the full effects of gravity during land based exercises. The records did not show reduction of weight bearing forces during exercise is necessary. The patient reported significant beneficial effects during physical therapy. The guidelines recommend that the patient can proceed to a home exercise program. The criteria for aquatic therapy for cervical and lumbar spine were not met. Therefore the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 43-43, 74-96.

Decision rationale: The California MTUS recommend that compliance monitoring including UDS be instituted during chronic opioid treatment. The record did not show that the patient is utilizing opioid medications. There is no documented report of aberrant behaviors. The criterion for UDS was not met. Therefore the request is not medically necessary.

Imitrex 100mg #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Headache Chapter.

Decision rationale: The California MTUS and the ODG addressed the treatment of chronic migraine headache with medications. The records indicate that the patient is only utilizing Imitrex as abortive medication for migraine headache that did not respond to standard prophylactic medications. The criteria for the use of Imitrex 100mg #4 were met. Therefore the request is medically necessary.

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The California MTUS recommend that NSAIDs can be utilized for short term treatment during exacerbations of chronic musculoskeletal pain. The records indicate that the patient had a pain score of 9-10/10. The patient had completed physical therapy treatments. The criteria for the use of Naproxen 550mg #60 were met. Therefore the request is medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-71.

Decision rationale: The California MTUS guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastrointestinal complications. It is recommended that pantoprazole be utilized as a second-line medications for high risk patients who cannot tolerate or have failed first line proton pump inhibitors. The records did not show that the patient have failed first line medications such as omeprazole. The criteria for the use of pantoprazole 20mg #60 was not met. Therefore the request is not medically necessary.

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS recommend that muscle relaxants can be utilized for short term treatment of acute exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient is still has been utilizing tizanidine longer that the recommended maximum duration of 4 weeks. There is no documentation of palpable active muscle spasm. The criteria for the use of Tizanidine 4mg #30 were not met. Therefore the request is not medically necessary.

Topamax 25mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 16-22. Decision based on Non-MTUS Citation (ODG) Pain Chapter.

Decision rationale: The California MTUS and the ODG guidelines recommend that anti-convulsant medications can be utilized for the treatment of neuropathic pain and migraine headache. The records indicate that the patient have significant migraine headache and radicular pain despite treatment with standard NSAIDs and first-line medications such as gabapentin and Cymbalta. The criteria for the use of Topamax 25mg #60 were met. Therefore the request is medically necessary.

Cartivisc 500/150/ 200mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49-50. Decision based on Non-MTUS Citation (ODG) Pain Chapter.

Decision rationale: The California MTUS and the ODG guidelines recommend that glucosamine and chondroitin compounds can be beneficial in the management of chronic knee osteoarthritis. The records indicate that the patient is being treated for significant bilateral knees arthritis that had remained symptomatic after knee surgeries. The criteria for the use of Cartivisc 500/200 #90 were met. Therefore the request is medically necessary.