

Case Number:	CM14-0148092		
Date Assigned:	09/18/2014	Date of Injury:	09/27/2013
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 51-year-old male with date of injury of 09/27/2013. The listed diagnoses per [REDACTED] from 08/19/2014 are: 1. Post traumatic intractable headaches with dizziness and cognitive dysfunction 2. Chronic myofascial pain syndrome, cervical and thoracolumbar spine 3. Mild bilateral C5 radiculopathy 4. Milateral carpal tunnel syndrome, moderate on the right and mild on the left According to this report the patient has been experiencing frequent moderate headaches but has been getting relief with his current medications. He has constant neck and upper back pain that has been 5/10 on the pain scale without medications as well as frequent pain and numbness in his upper extremities. The patient feels that his current pain and discomfort is moderately impacting his general activity and enjoyment of life, including his ability to concentrate and interact with other people. He remains depressed. The patient is currently not working. The examination shows the range of motion of the cervical spine is slightly to moderately restricted in all planes. Cervical paraspinal musculature was tender to palpation with multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. Spurling's and neck compression tests were both positive. Sensation to light touch and pinprick was decreased in the lateral aspect of the bilateral upper extremities. The utilization review denied the request on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications ; NSAIDs Page(s): 60,61;22; 67,68.

Decision rationale: This patient presents with constant neck and upper back pain with moderate headaches. The treater is requesting naproxen 550 mg quantity 120. The MTUS guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional 1st line treatment to reduce pain so that activity and functional restoration can resume. But long-term use may not be warranted. The records show that the patient was prescribed naproxen on 12/17/2013. The 08/19/2014 report notes that the patient's medication provide greater than 50% pain relief. The patient's ability to function is significantly improved with medications, as he is able to perform activities of living for more than 50% of the time. In this case, MTUS supports the use of anti-inflammatories as first-line treatment to reduce pain and inflammation. This request is medically necessary.

Omeprazole 20 MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (.).

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

Decision rationale: This patient presents with constant neck and upper back pain with moderate headaches. The treater is requesting omeprazole 20 mg quantity 90. The MTUS guidelines page 68 and 69 on NSAIDs, G.I. symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events; age is greater than 65; history of peptic ulcer; G.I. bleeding or perforation; current use of ASA corticosteroids, and or anticoagulants; high-dose multiple NSAIDs. The record show that the patient was prescribed omeprazole on 12/17/2013 for NSAIDs induced gastritis. The treater notes on 08/19/2014 that the patient's medication provide greater than 50% pain relief. In this case, the treater documents gastrointestinal events and the requested omeprazole is medically necessary. This request is medically necessary.

Hydrocodone/APAP 5/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Actions Should Include; Opioids, long-term assessment Page(s): 78; 88-.

Decision rationale: This patient presents with constant neck and upper back pain with moderate headaches. The treater is requesting hydrocodone 5/325 mg quantity 90. For chronic opiate use, the MTUS guidelines page 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed hydrocodone on 01/17/2014. The 08/19/2014 report shows that the patient's pain is 5/10 without medications. The patient has greater than 50% pain relief with his prescribed medications. His ability to function is significantly improved with medications, as he is able to perform this activities of daily living for more than 50% of the time. There is no documented abuse, diversion, or hoarding of the prescribed medications and there is no evidence of illicit drug use. In this case, the treater provides some documentation of functional benefit but they are inadequate. For chronic opiate use, MTUS require significant ADL changes and specific ADL improvements must be described. A general statement that the patient performs more ADL's 50% of the time is inadequate. Furthermore, MTUS does not support opiates for headaches and for low back pain, strict functional improvement must be demonstrated along with documentation of "pain assessments," as described above. This request is not medically necessary.

Aquatic Therapy 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy:Physical Medicine Page(s): 22; 98-99.

Decision rationale: This patient presents with constant neck and upper back pain with moderate headaches. The treater is requesting 12 aquatic therapy sessions. The MTUS guidelines recommend aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any aquatic therapy reports to verify how many treatments the patient has received and what results. The treater does not provide a history of aquatic therapy or a discussion as to why land-based therapy is not tolerated. The patient does not appear to be post-surgery or extremely obese. Given that the patient does not meet the guidelines for aquatic therapy, this request is not medically necessary.