MAXIMUS Federal Services

Case Number:	CM14-0162482		
Date Assigned:	10/07/2014	Date of Injury:	02/21/2013
Decision Date:	11/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation 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 injured worker is a 33-year-old male who reported an injury on 12/11/2012. There was no mechanism of injury submitted for review. The injured worker has diagnoses of cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis, status post left shoulder operative arthroscopy, and mild degenerative changes in the greater tuberosity. Past medical treatment consists of physical therapy, chiropractic therapy, physiotherapy, traction, hot and cold packs, and medication therapy. Medications include Norco, Prilosec, and Fexmid. There were no diagnostics were submitted for review. On 08/13/2014, the injured worker complained of left shoulder pain. Physical examination revealed postoperative changes. Tenderness to palpation with hypertonicity, spasm and trigger points were present over the subacromial region extending over the anterior capsule greater than supraspinatus tendon, acromioclavicular joint, and trapezoids muscles. Apprehension test was painful. Impingement test was negative, eliciting localized pain. There was limited range of motion consistent with adhesive capsulitis. Range of motion of the left shoulder was measured as followed: flexion 114 degrees, extension 31 degrees, abduction 103 degrees, adduction of 33 degrees, internal rotation was 58 degrees, and external rotation was 74 degrees. There was a grade 4/5 weakness in flexion, abduction, and external rotation. Examination of the cervical spine revealed tenderness to palpation with hypertonicity, spasm, and muscle guarding were present over the paravertebral musculature and trapezoids muscles, left greater than right. Axial compression test and Spurling's maneuver elicited increased neck pain greater than left upper extremity radicular symptoms. Limited range of motion was essentially unchanged. Medical treatment plan is for the injured worker to continue use of medication therapy, cervical traction, and the use of a TENS unit. Rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Fexmid 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (FexMid), Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Fexmid as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker had been taking this medication since at least 08/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

(1) Prescription of Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The guidelines also state that there should be indication as to what pain levels were before, during, and after medication was administered via VAS. The submitted documentation did not indicate that the injured worker benefitted from the use of Norco. Additionally, the efficacy of the medication was not submitted for review, nor was there any indication that the medication was helping with any functional deficits. There was also no indication that the injured worker was being monitored via drug screen or urinalysis. Furthermore, there was no assessment indicating what pain levels were before, during, and after medication administration. The request as submitted also did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

(1) Prescription of Prilosec 20mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The injured worker complained of heart burn. However, there was no indication that the heartburn was due to the medication use. Additionally, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

(3) Session trail of cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: According to the MTUS/ACOEM, there is no high grade scientific evidence to support the effectiveness or ineffectiveness or passive physical modalities such as traction, heat, cold application, massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, and biofeedback. These palliative tools may be used on a trial basis, but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The submitted documentation did not indicate that prior sessions of cervical traction were helping with any functional deficits the injured worker might have had. Additionally, the provider did not provide a rationale as to how continuation of cervical traction would benefit the injured worker. Given that traction is not recommended by the MTUS and the lack of documentation was not submitted to warrant the continuation of cervical traction, the request is not medically necessary.

(1) TENS (transcutaneous electrical nerve stimulation) unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENs) Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documentation lacked any evidence on significant deficits upon physical examination. The efficacy of the

injured worker's previous course of conservative care was not provided. Additionally, it was noted in the submitted documentation that the injured worker had undergone the use of a TENS unit prior. The outcomes of such sessions were not submitted for review. It is also unclear in the request whether the TENS unit is for rent or for purchase. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.