

Case Number:	CM14-0177690		
Date Assigned:	11/03/2014	Date of Injury:	06/22/2014
Decision Date:	12/17/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] insured who has filed a claim for psychological stress, facial pain, headaches, depression, anxiety, sleep disturbance, neck pain, back pain, and shoulder pain reportedly associated with an industrial injury of June 22, 2014. In a Utilization Review Report dated September 24, 2014, the claims administrator partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of the same, failed to approve request for urinalysis, failed to approve an interferential unit, failed to approve a motorized cold therapy device, failed to approve a functional capacity evaluation, and also failed to approve several topical compounded drugs. In a June 22, 2014 emergency department note, the applicant presented with blunt head trauma, scalp laceration, and a cervical strain. The wound was apparently clean and sutured. In a Doctor's First Report (DFR) dated October 1, 2014, the applicant apparently transferred care to a new primary treating provider, reporting headaches, neck pain, and mid back pain, 8/10. The applicant was placed off of work, on total temporary disability. X-rays and MRI imaging of cervical spine, urine drug testing, neurology consultation, medical foods/dietary supplements, and 12 sessions of manipulative therapy, topical medications, naproxen, Prilosec, tramadol, Theramine, and Gabadone were endorsed while the applicant was kept off of work. Overall commentary was sparse to negligible. In a September 9, 2014 work status report, the applicant was placed off of work, on total temporary disability, while naproxen, Prilosec, Flexeril, Norco, and several topical compounds were issued. A urine drug test, 12 sessions of manipulative therapy, neurology consultation, and a psychiatry consultation were endorsed, with little-to-no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The primary pain generator here is the cervical spine. While the MTUS Guideline in ACOEM Chapter 8, page 173 does acknowledge that using cervical manipulation may be an option for applicants with occupationally related neck pain or cervicogenic headache, ACOEM qualifies this recommendation by noting that passive modalities such as manipulation/chiropractic treatment should be incorporated within the context of functional restoration rather than for pain control purpose alone. By implication, the 12-session course of manipulative therapy/chiropractic treatment is not endorsed as it does not contain any proviso to re-evaluate the applicant to ensure the presence of ongoing program progression and/or functional restoration with chiropractic manipulative therapy. Therefore, the request is not medically necessary.

Urinalysis for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 397 does suggest testing for the usage of illicit drugs or steroids in applicants in whom the presentation is suggestive, in this case, however, the attending provider's handwritten progress notes contained no mention of any issues with suspected drug use. It was not clearly stated whether the testing in question was being performed 'for cause' or randomly. It was not stated what drug tests and/or drug panels were being sought, it is further noted. Therefore, the request is not medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Library of Medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 181.

Decision rationale: The applicant's primary pain generator here is the cervical spine. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, transcutaneous electrical neurostimulation, of which the interferential unit at issue is a subset, are deemed "not recommended." In this case, the attending provider's handwritten commentary did not contain any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Motorized cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed indexed from Medline

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8,181.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 191 notes that at-home local applications of heat and cold are "optional" methods of symptom control for neck and upper back complaints, as are present here, ACOEM does not, by implication, support more elaborate high-tech devices such as the motorized cold therapy unit for the purposes of delivering cold therapy/cryotherapy. As with the many other requests, the attending provider's handwritten commentary did not contain any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations to determine work capability, in this case, however, the applicant is off of work, on total temporary disability. It did not appear that the applicant has a job to return to. It is not clear that the applicant is intent on returning to the workplace and/or workforce. It is unclear what role functional capacity testing would serve in the clinical context present here. The attending provider's handwritten progress notes did not set forth a compelling case for the functional capacity evaluation at issue. Therefore, the request is not medically necessary for the functional capacity evaluation at issue. Therefore, the request is not medically necessary.

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the Flurbiprofen containing compound at issue, are deemed "not recommended." In this case, it is further noted that the applicant was given several first-line oral pharmaceuticals, including naproxen, tramadol, Flexeril, Norco, etc., on or around the dates in question, effectively obviating the need for the topical compounded drug at issue. Therefore, the request is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the Ketoprofen containing compound at issue, are deemed "not recommended." In this case, as with the other topical compounds, it is further noted that the applicant's concomitant provision with multiple first-line oral pharmaceuticals, including naproxen, Flexeril, Norco, etc., would seemingly obviate the need for the topical compounded agent at issue. Therefore, the request is not medically necessary.

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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS PRILOSEC is a proton pump inhibitor indicated for Treatment of duodenal ulcer in adults (1.1), Treatment of gastric ulcer in adults (1.2), Treatment of gastroesophageal reflux disease (GERD) in pediatric patients and adults (1.3), Maintenance of healing of erosive esophagitis in pediatric patients and adults (1.4) - Treatment of pathological hyper secretory conditions in adults (1.5).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as this was not a chronic pain case as of the date of the request or as of the date of the Utilization Review Report. While the Food and Drug Administration (FDA) does note that Prilosec, a proton pump inhibitor, is indicated in the treatment of duodenal ulcers, gastric ulcers, gastroesophageal reflux disease, erosive esophagitis, and/or in the treatment of pathological

hyper secretory conditions, in this case, however, there was no mention of any issues with reflux, heartburn, peptic ulcer disease, duodenal ulcers, gastric ulcers, which would compel provision of Prilosec. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; Table 3-1,49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, muscle relaxants such as cyclobenzaprine are deemed "not recommended." ACOEM Chapter 3, page 47 further notes that usage of muscle relaxants such as cyclobenzaprine in combination with NSAIDs has "not demonstrated benefit." Here, the applicant was, in fact, concurrently using naproxen, an NSAID, on or around the date in question. Addition of cyclobenzaprine to the mix was not indicated, for all of the stated reasons. Therefore, the request is not medically necessary.