

Case Number:	CM14-0214996		
Date Assigned:	01/07/2015	Date of Injury:	02/01/2012
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 1, 2012. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve requests for physical therapy, manipulative therapy, Naprosyn, and Protonix. The applicant's attorney subsequently appealed. The articles in question were seemingly sought via a progress note dated November 18, 2014, at which point, the applicant reported persistent complaints of neck and shoulder pain. The applicant was status post cervical epidural steroid injection therapy. 4/10 shoulder and neck pain were reported, burning. The applicant was using Naprosyn, tramadol, and Prilosec, it was acknowledged. At the bottom of the report, the attending provider stated that he was prescribing Naprosyn, Protonix, and tramadol. The applicant had undergone earlier shoulder surgery. Physical therapy for the shoulder, chiropractic manipulative therapy for the neck, Naprosyn, Protonix, and Ultram were all endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, as of November 18, 2014. The applicant remained dependent on opioid agents such as tramadol and nonopioid agents such as Naprosyn. Earlier physical therapy, in short, did not appear to have proven beneficial here in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.

Chiropractic care; 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, as of the November 18, 2014 office visit on which additional chiropractic manipulative therapy was sought. Therefore, the request was not medically necessary.

Anaprox; strength and quantity not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen (Anaprox) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by

commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, on total temporary disability, as of the November 18, 2014 office visit on which naproxen was renewed. The applicant remained dependent on opioid agents such as Naprosyn. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function affected as a result of ongoing naproxen usage. Therefore, the request was not medically necessary.

Protonix; strength and quantity not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention made of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the November 18, 2014 progress note on which Protonix was endorsed. It is further noted that the applicant was previously described as using omeprazole as of that point in time. The attending provider did not clearly outline why he intended the applicant to employ Protonix when the applicant was already using another proton pump inhibitor, omeprazole. Therefore, the request was not medically necessary.