MAXIMUS Federal Services

Case Number:	CM15-0010546		
Date Assigned:	01/28/2015	Date of Injury:	11/30/2012
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a year old female who sustained a work related injury on November 30, 2012, after falling on the floor and landing on her hands and knees, upper extremities, shoulders and spine. Treatment included physical therapy, and hand therapy, and pain medications. Diagnoses were a right lumbosacral sprain, lumbosacral radiculopathy, myofascial pain, cervical strain, cervical radiculopathy, bilateral wrist sprain, and rotator cuff impingement. Currently, on December 17, 2014, the injured worker continued to complain of pain in the bilateral wrists, cervical spine, lumbar spine and numbness in the bilateral hands with decreased range of motion. On December 24, 2014, a request for services of Chiropractic care two times a week for four weeks; a service for a urine screening; and prescriptions for Omeprazole 20mg; Flexeril 7.5 mg; and Menthoderm Gel for numbness #4 were all non certified by Utilization Review noting the California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Chiropractic care two times a week for four weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Recommended for chronic pain if caused by musculoskeletal conditions. The guidelines recommend manual medicine for the low back as an option. The recommendations are for therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The guidelines sate that maintenance care is not necessary and for flareups there is a need to reevaluate treatment success. The guidelines do not recommend chiropractic care for the ankle and foot; for carpal tunnel syndrome; for the forearm wrist or hand or the knee. The time to produce effect: 4 to 6 treatments. Treatment beyond 4-6 visits should be documented with objective improvement in function. The documentation dated 12/17/14 states that the patient's chiro has not been authorized and she continues to have pain in the bilateral wrists, c-spine and some numbness in both hands. The request for chiropractic care is not medically necessary. The request exceeds the 4-6 visit trial. Furthermore, the request does not state a body part and the patient has pain in her wrists for which chiropractic care is not recommended.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The documentation does not reveal that the patient exhibits aberrant behavior or is taking opioid medication or controlled substances therefore a request for urine drug screen is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: Omeprazole 20mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal

events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The request does not indicate a quantity of Omeprazole. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole 20 mg is not medically necessary.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: Flexeril 7.5mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cylobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 7.5mg is not medically necessary.

Menthoderm gel as needed for numbness #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical & Topical Analgesics Page(s): 105 & 111-113.

Decision rationale: Menthoderm Gel as needed for numbness #4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Menthoderm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. The documentation indicates that the patient has been on Menthoderm. There is no clear documentation of intolerance to oral medications or functional improvement on prior Menthoderm. The request for Menthoderm Gel is not medically necessary.