

Case Number:	CM15-0016378		
Date Assigned:	02/04/2015	Date of Injury:	05/27/2010
Decision Date:	05/18/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Internal 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 37-year-old female, who sustained an industrial injury on 5/27/10. The documentation noted on 12/8/14 noted that the injured worker has complaints of quite a bit of pain; she has been out of the medications since the last week. She has persistent neck pain more centrally and in the right side and having headaches more frequent than usual. She has tenderness across the cervical paraspinal muscles, trapezius and shoulder girdle and limited range of motion less than 50 percent reduced by pain. She is currently working. The diagnoses have included discogenic cervical condition with facet inflammation and headaches; right shoulder impingement rotator cuff strain and bicipital tendonitis and right wrist inflammation. According to the utilization review performed on 1/21/15, the requested Naproxen Sodium DS 550mg, #60 and Physical therapy for the cervical spine, right shoulder, elbow and wrist and 12 visits over 4 weeks has been non-certified. The requested Tramadol HCL 50mg, #60 has been modified to Tramadol 50mg#30. The requested Norco 10/325mg, #60 has been modified to Norco 10/325mg, #30. CA MTUS regarding non-steroidal anti-inflammatory drugs (Non-Steroidal Anti-Inflammatory Drugs, NSAIDs) for acute exacerbations of chronic pain; CA MTUS Chronic Pain; CA MTUS regarding physical therapy medicine and the CA MTUS regarding ongoing management of opioids were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium DS 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 41-42, 67, 68, 78, 98-99. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states: that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Documentation indicates that the injured has had gastrointestinal complaints, requiring the use of Proton pump inhibitors. Per MTUS, there is no evidence of long-term effectiveness of NSAIDs for pain or function. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation. With MTUS guidelines not being met and ongoing GI issues, the request for Naproxen Sodium DS 550mg, #60 is not medically necessary.

Tramadol HCL 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 41-42, 67, 68, 78, 98-99. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complaints of chronic neck, right shoulder and upper extremity pain. Documentation fails to show significant improvement in pain to justify ongoing use of Tramadol. The request for Tramadol HCL 50mg, #60 is not medically necessary by MTUS.

Physical therapy for the cervical spine, right shoulder, elbow and wrist, 12 visits over 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 41-42, 67, 68, 78, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter.

Decision rationale: MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of neck sprains and strains and Intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care, with a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. At the time additional outpatient physical therapy was prescribed, the injured worker had previously completed at least 12 visits, followed by a home exercise program with no evidence of significant functional improvement. The medical necessity for additional outpatient physical therapy has not been established. Per guidelines, the request for Physical therapy for the cervical spine, right shoulder, elbow and wrist, 12 visits over 4 weeks is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 41-42, 67, 68, 78, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck, right shoulder and upper extremity pain. Physician reports fail to support that the injured worker has adequate overall improvement in pain with the medication and there is no documentation of urine drug screen or narcotics contract provided. In the absence of significant response to treatment, the request Norco 10/325mg, #60 is not medically necessary.