MAXIMUS Federal Services

Case Number:	CM15-0124618		
Date Assigned:	07/09/2015	Date of Injury:	04/09/2015
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pennsylvania
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 45 year old female who sustained an industrial injury on 4/9/15. She reported throbbing pain in left shoulder, striking tailbone and headaches after falling backwards on asphalt. The injured worker was diagnosed as having cervical spine strain, left greater than right shoulder strain, left forearm pain, left wrist strain with left hand strain, lumbar spine strain with radiculitis, traumatic brain injury with post-concussion symptoms, thoracic strain and coccydynia. Treatment to date has included Voltaren ER and Ultracet. (CT) computerized tomography scan of the head and facial bones performed on 4/16/15 were unremarkable. Currently on 6/4/15, the injured worker complains of left shoulder pain rated 5/10, aggravated by lifting overhead and relieved by rest; also Ultracet causes headache. Plan to discontinue Ultracet and begin Tylenol #3 and soma was documented. A urine drug screen was performed on 6/4/15. She is currently temporarily totally disabled. On physical exam on 6/4/15, it is noted there is no functional change and no change in physical exam since previous exam dated 5/19/15, which revealed guarding of left arm, tenderness along the left cervical spine and left upper trapezius, tenderness along the left supraspinatus deltoid complex, positive impingement test of left shoulder, diffuse tenderness along the left forearm/wrist, tenderness in the left metacarpophalangeals (MCPs), tenderness along the bilateral L5-S1 paravertebral muscles, and tenderness in the coccyx. A request for authorization was submitted on 6/1/15 for chiropractic treatment, Voltaren ER 100mg #30and Ultracet #40, a left wrist cockup splint and a coccyx donut.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Extended Release 100mg #30: 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), pain chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: diclofenac.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID). CA MTUS recommends Oral NSAIDs for the lowest effective dose for the shortest duration of time consistent with treatment goals in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. Diclofenac has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. Documentation of failure of first line treatment was not submitted. There was no documentation of subjective or objective functional improvement. She is currently temporarily totally disabled. Medical necessity of the requested medication has not been established. The request for Voltaren is not medically necessary.

Ultracet #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medication requested for this injured worker is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. The injured worker noted Ultracet gave her a headache, and the most recent progress note documents a plan to discontinue the medication. Per California MTUS Guidelines, there should be ongoing review and documentation of pain relief and functional status. A detailed pain assessment was

not submitted. The injured worker is temporarily totally disabled. Medical necessity for the requested medication has not been established. The requested treatment with Ultracet is not medically necessary.

Chiropractic treatment for the cervical, thoracic, lumbar spine and bilateral shoulders 3 x 4-12 total visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back chapter, chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: CA MTUS recommends chiropractic treatment for chronic pain caused by musculoskeletal conditions. The goal is to achieve positive symptomatic or objective measurable gains in functional improvement that will return the patient to productive activities. For low back the recommendation is 6 visits over 2 weeks with additional treatment if there is evidence of objective functional improvement. Cervical manipulation is an option for cervicogenic headache or neck pain when used with functional restoration; there is insufficient evidence to support manipulation for radiculopathy. The injured worker is temporarily totally disabled. Chiropractic treatment was request 3 times a week for 4 weeks. Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Twelve visits exceed the recommended initial course per the MTUS. No manual and manipulative therapy is medically necessary based on a prescription which exceeds that recommended in the MTUS. The request for chiropractic treatment 3 times a week for 4 weeks is not medically necessary.