

Case Number:	CM15-0126709		
Date Assigned:	07/13/2015	Date of Injury:	03/28/2014
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 3/28/2014. She reported stuck in the head by a trash recycler lid with no loss of consciousness documented and injury to the neck and post-concussive symptoms. Diagnoses include cervicalgia and post-concussion syndrome, resolved. Treatments to date include ibuprofen. Currently, she complained of neck pain. On 6/9/15, the physical examination documented no acute findings. The plan of care included Ibuprofen 600mg tablets, one three times a day #90; Ranitidine 150mg tablets, one a day with two refills; and initial outpatient chiropractic therapy twice a week for four weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial outpatient chiropractic therapy 2x4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the therapeutic benefit of the modalities was not specified. The request for 8 sessions exceeds the initial amount of 6 sessions to determine functional improvement. The request for 8 sessions of chiropractor therapy is not medically necessary.

Ibuprofen 600mg TID prn for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for an unknown length of time. Pain scores were not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks and the claimant required an antihistamine for gastritis protection. Continued use of Ibuprofen is not medically necessary.

Ranitidine 150mg daily prn gastritis #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines histamine H2-receptors - Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Although Ranitidine is not a proton pump inhibitor, the intention of its use is the same as a PPI in this case. There is no history of GERD and the use of NSAID is not medically necessary. Therefore, the continued use of Ranitidine for gastritis prophylaxis is not medically necessary.