

Case Number:	CM15-0172252		
Date Assigned:	09/14/2015	Date of Injury:	12/07/2009
Decision Date:	11/03/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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 63 year old female, who sustained an industrial injury on December 07, 2009. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine, over use of the bilateral upper extremities, disc bulges at cervical three to four, cervical four to five, cervical five to six, cervical six to seven, and cervical seven to thoracic one per magnetic resonance imaging from May 21, 2012, tendinitis of the bilateral shoulders, carpal tunnel syndrome of the bilateral wrists, lateral epicondylitis of the left elbow, cubital tunnel syndrome of the left elbow, disc bulge at lumbar one to two, lumbar two to three, lumbar three to four, lumbar four to five, and lumbar five to sacral one per magnetic resonance imaging from November 23, 2011, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulge at thoracic eight to nine per magnetic resonance imaging performed on April 27, 2011, de Quervain's tendinitis of the right wrist, carpometacarpal joint inflammation of the right thumb, disc bulge of cervical four to five, cervical five to six, cervical six to seven, and cervical seven to thoracic one per magnetic resonance imaging from October 19, 2013, disc bulge to the lumbar two to three, lumbar three to four, lumbar four to five, and lumbar five to sacral one per magnetic resonance imaging from October 19, 2013, and bilateral lumbar five and sacral one radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging four the cervical spine, magnetic resonance imaging four the lumbar spine, magnetic resonance imaging of the thoracic spine, medication regimen, occupational therapy, physical therapy, and aquatic therapy. In a progress note dated August 04, 2015 the treating physician reports complaints of pain and tightness to the neck with decreased range of motion

along with pain radiating to the upper back and down to the bilateral shoulder blades, pain to the bilateral shoulders, "slight to no" pain to the left elbow, pain to the bilateral wrist with the right greater than the left, pain and muscle spasm to the right thumb, constant pain and numbness from the low back to the left foot, radiating pain from the bilateral legs to the feet, frequent muscle spasm to the calves and the feet, and blue color to the fingers with "certain activities". The examination on August 04, 2015 revealed positive compression testing to the back of the neck bilaterally and the injured worker also lacked two to three fingerbreadths from touching the chin to the chest. The documentation from August 04, 2015 noted the injured worker's medication regimen to include Asper Crème, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from May 11, 2015 noted the injured worker's medication regimen to include the medication Flexeril (Cyclobenzaprine), but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from August 04, 2015 noted that the injured worker was in therapy, but the progress note did not specify the type of therapy or to the body parts. On August 04, 2015 the treating physician noted that the therapy was "helping" the injured worker, but the progress note did not indicate if the injured worker experienced any functional improvement with the therapy. The medical records provided included progress notes of physical therapy to the bilateral upper extremities, pool therapy to the cervical spine, lumbar spine, bilateral shoulders, and upper extremities, and occupational therapy for carpal tunnel syndrome, but the documentation did not indicate a specific quantity of prior sessions of physical therapy and occupational therapy. The occupational therapy re-evaluation from May 29, 2015 noted that the injured worker was "making slow, but steady progress with active range of motion, pain, and increased strength" along with a current pain level of a 0 out of 10 from the initial evaluation of a 5 out of 10 that currently increases to a 4 out of 10 with activity and was an 8 to 9 out of 10 with activity on the initial evaluation. On August 04, 2015 the treating physician requested Voltaren gel 1% 100gm, Cyclobenzaprine 10mg with a quantity of 30, Celecoxib 200mg with a quantity of 60, magnetic resonance imaging of the cervical spine to rule out disc herniation, occupational therapy two times a week for eight weeks to the wrist and hands, and acupuncture treatment two times a week for eight weeks to the neck, shoulders, and neck. On August 11, 2015 the Utilization Review determined the request for Voltaren gel 1% 100gm, Cyclobenzaprine 10mg with a quantity of 30, Celecoxib 200mg with a quantity of 60, magnetic resonance imaging of the cervical spine, occupational therapy two times a week for eight weeks, and acupuncture treatment two times a week for eight weeks to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Voltaren Gel 1% (diclofenac) is a topical nonsteroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDs are not recommended for neuropathic pain. The injured worker complains of chronic multiple joint pain. Documentation shows no objective significant improvement in pain with the ongoing use of Voltaren gel. With MTUS guidelines not being met, the request for Voltaren Cream 2 Boxes/ 10 Tubes is not medically necessary by MTUS.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine 10mg #30 is not medically necessary per MTUS guidelines.

Celecoxib 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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. There is no evidence of long-term effectiveness for pain or function. Celecoxib (Celebrex) is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is

bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has had an initial trial of an NSAID other than Celebrex or has history of significant gastrointestinal events. Being that MTUS guidelines have not been met, the request for Celecoxib 200mg #60 is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI cervical spine is not medically necessary.

Occupational therapy 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter.

Decision rationale: Per MTUS and ODG, the use of active treatment, including intensive physical training, versus extensive use of passive modalities, is associated with substantially better clinical outcomes. As time goes, there should be an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. Documentation indicates that the injured worker has undergone previous occupational and physical therapy with no report of significant effect on functional status. Given that the injured worker has had an initial course of physical therapy and there is lack of information demonstrating a significant improvement in physical function, medical necessity for additional therapy has not been established. Per guidelines, the request for Occupational therapy 2 times a week for 8 weeks is not medically necessary.

Acupuncture treatment 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation indicates that the injured worker has undergone previous acupuncture and physical therapy with no report of significant effect on functional status. Given that there is lack of information demonstrating a significant improvement in physical function, medical necessity for additional therapy has not been established. In addition, MTUS does not recommend acupuncture for the treatment of neck pain. Per guidelines, the request for Acupuncture treatment 2 times a week for 8 weeks is not medically necessary.