MAXIMUS Federal Services

Case Number:	CM15-0021215		
Date Assigned:	02/10/2015	Date of Injury:	07/03/2012
Decision Date:	06/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 07/03/2012. The diagnoses have included complex regional pain syndrome of the left arm and leg from a traction injury, migraine and cervicogenic headaches and left shoulder disruption and pain. Treatment to date has included chiropractic manipulation and medication. According to the progress note dated 1/13/2015, the injured worker was seen for follow up of complex regional pain syndrome and depression. She was noted to be increasing the dose of Gabapentin. She complained of shooting pains in the left arm. Physical exam revealed spasm and pain to palpation of the paraspinous muscles or trapezius areas of the neck. Shoulder range of motion was limited. Treatment plan was to increase the dose of Gabapentin and use Capsaicin Cream topically to the left side. Authorization was requested for pool therapy and magnetic resonance imaging (MRI) of the left shoulder. Effexor was to be increased. The injured worker was to start B12 5000mcg a day with folate 5mg a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, the physician indicated a reduction in range of motion of the shoulder; however, the specific range of motion values were not provided. There is no documentation of an attempt at any recent conservative treatment for range of motion deficits prior to the request for an imaging study. Given the above, the request is not medically necessary.

Labs BMP, gabapentin level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.labtestsonline.org/understanding/analytes/bmp/glance.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

Physical Therapy / Pool Therapy 3 times a week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. In this case, there is no indication that this injured worker requires reduced weight bearing. In addition, there is no documentation of the previous course of treatment with evidence of objective

functional improvement. There is no mention of a contraindication to land based physical therapy as opposed to aquatic therapy. In addition, the request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically necessary.

Vitamin B12 2500 mg #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Vitamin B.

Decision rationale: According to the Official Disability Guidelines, vitamin B is not recommended for the treatment of chronic pain. The medical necessity for the requested medication has not been established. Therefore, the request is not medically necessary.

Gabapentin 300mg #180 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state gabapentin is recommended for neuropathic pain. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Folate 1 mg #150 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health and Illness Chapter, Folate.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Vitamin B.

Decision rationale: According to the Official Disability Guidelines, vitamin B is not recommended for the treatment of chronic pain. The medical necessity for the requested medication has not been established. Therefore, the request is not medically necessary.

Capsaicin cream 0.025% QTY 30 days with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin in a 0.025% formulation is recommended for treatment of osteoarthritis. In this case, the injured worker does not maintain a diagnosis of osteoarthritis. There was also no mention of a failure of first line oral medication prior to the request for a topical analgesic. There is no frequency listed in the request. Given the above, request is not medically necessary.

Effexor 150 mg #60, with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines recommend Effexor as an option in first line treatment of neuropathic pain. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.