

Case Number:	CM15-0070476		
Date Assigned:	04/20/2015	Date of Injury:	05/02/2013
Decision Date:	07/24/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/14/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43-year-old female, who sustained an industrial injury on 5/2/13. She reported pain in shoulders, arms, wrists and hands. The injured worker was diagnosed as having cervical spine disc protrusion, right shoulder tendonitis and tendinosis, right wrist status post carpal tunnel release, recurrent carpal tunnel syndrome and left wrist carpal tunnel syndrome. Treatment to date has included physical therapy, oral medications, topical medications and right carpal tunnel release. Currently, the injured worker complains of right wrist pain; neck and lower back improved with therapy. On physical exam, hypertonicity of cervical spine, lumbar spine, bilateral shoulder, bilateral wrist and bilateral knees is noted with slow improvement. The treatment plan included prescriptions for Naproxen, Prilosec, Menthoderm gel, acupuncture treatments and computerized range of motion and muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion of the cervical spine, lumbar spine, upper and lower extremities: 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), Low Back, Flexibility' Neck & Upper Back, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute and Chronic)/ Low-back Lumbar and Thoracic (Acute and Chronic). Range of motion/Flexibility.

Decision rationale: The MTUS/ACOEM did not specifically address the use of special range of motion measurements and therefore other guidelines were consulted. Per the ODG an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. A review of the injured workers medical records do not reveal any specific reasoning that would necessitate computerized range of motion measurements and there is no discussion as to how these measurements would aid in further management of the injured worker. Therefore, the request for computerized range of motion of the cervical spine, lumbar spine, upper and lower extremities is not medically necessary.

Acupuncture for the cervical spine, lumbar spine, upper and lower extremities, 2x5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments 1-3 times a week for 1-2 months. Per the ODG acupuncture is not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. This passive intervention should be an adjunct to active rehab efforts. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) Based on the guidelines the request for acupuncture to the cervical spine, lumbar spine, upper and lower extremities, 2x5 exceeds the guideline recommendation of an initial trial of 3-4 visits over 2 weeks and is not medically necessary.

Follow-up with an orthopedist: 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

Procedure, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / office visits.

Decision rationale: Per the MTUS/ ACOEM "Patients whose low back may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that patients are fully involved in their recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. Per the ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " Unfortunately a clear rationale for this follow up was not found in the medical records that are available to me and without this information it is not possible to determine medical necessity, therefore the request for Follow-up with an orthopedist is not medically necessary.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-68.

Decision rationale: Per the MTUS, 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. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of

long- term effectiveness for pain or function. However, a review of the injured workers medical records that are available to me did not reveal documentation of pain and functional improvement with the use of Naproxen as required by the guidelines and without this information medical necessity for continued use is not established, therefore the request for Naproxen 550mg, #60 is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA). Per the ODG, PPI's are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) A review of the injured workers medical records that are available to me do not reveal any past or current gastrointestinal complaints and the injured worker does not meet the criteria for increased risk, therefore the request for Prilosec 20mg, #60 is not medically necessary.

Menthoderm gel 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Methoderm gel 240gm is not medically necessary.