

Case Number:	CM15-0079593		
Date Assigned:	04/30/2015	Date of Injury:	11/14/2013
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/25/2015

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, Indiana, 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 65 year old male who sustained an industrial injury on 11/14/13. The injured worker reported symptoms in the neck and right knee. The injured worker was diagnosed as having bilateral shoulder sprain, cervical sprain, lumbar sprain, and right knee sprain. Treatments to date have included non-steroidal anti-inflammatory drugs, selective serotonin reuptake inhibitor, activity modification, and physical therapy. Currently, the injured worker complains of neck and right knee discomfort. The plan of care was for medication prescriptions and deep tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazodone Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 150mg is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical sprain; bilateral shoulder sprain; posttraumatic stress disorder; lumbar sprain; right knee sprain; and status post motor vehicle accident. Subjectively, according to a March 11, 2015 progress note, the injured worker complains of more headaches and neck stiffness. There is also right knee pain. Objectively, there are no vital signs documented in the record. There is tenderness to palpation in the trapezius and medial bilateral scapula there is tenderness the palpation in the subacromial space of the shoulders. Range of motion in the shoulders is full and complete. There is stiffness and tightness with exquisite tenderness on thoracic paravertebral and pain and L4 - L5. Sensory examination is unremarkable. The treatment plan has a prescription for Trazodone 150 mg one tablet QHS #30 as needed. There is no documentation of insomnia or sleep difficulties. There is no documentation of coexisting depression and/or anxiety. In a psychiatric progress note dated October 2, 2014, the reviewing physician indicated trazodone was prescribed to induce sleep. Consequently, absent clinical documentation of insomnia with coexisting mild psychiatric symptoms such as depression or anxiety, Trazodone 150mg is not medically necessary.

Lisinopril 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Diabetes chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692051.html>.

Decision rationale: Pursuant to Medline plus, Lisinopril 30 mg is not medically necessary. Lisinopril is used alone or in combination with other medications to treat high blood pressure. It is used in combination with other medications to treat heart failure and improve survival after a heart attack. In this case, the injured worker's working diagnoses are cervical sprain; bilateral shoulder sprain; posttraumatic stress disorder; lumbar sprain; right knee sprain; and status post motor vehicle accident. Subjectively, according to a March 11, 2015 progress note, the injured worker complains of more headaches and neck stiffness. There is also right knee pain. Objectively, there are no vital signs documented in the record. There is tenderness to palpation in the trapezius and medial bilateral scapula there is tenderness the palpation in the subacromial space of the shoulders. Range of motion in the shoulders is full and complete. There is stiffness and tightness with exquisite tenderness on thoracic paravertebral and pain and L4 - L5. Sensory examination is unremarkable. There were no vital signs and no blood pressure documented in the March 11, 2015 progress note. The treatment plan has a request for Lisinopril 30 mg PO QD #30, but there is no clinical indication or rationale in the record. There is no documentation of a causal relationship of hypertension to the work related injury. Additionally, hypertension is not one of the listed diagnoses. Consequently, absent clinical documentation with vital signs and a

blood pressure and a clinical indication/rationale for Lisinopril, Lisinopril 30 mg is not medically necessary.

Deep tissue massage 2x3 to the neck and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, deep tissue massage times per week times three weeks for the neck and right knee are not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are cervical sprain; bilateral shoulder sprain; posttraumatic stress disorder; lumbar sprain; right knee sprain; and status post motor vehicle accident. Subjectively, according to a March 11, 2015 progress note, the injured worker complains of more headaches and neck stiffness. There is also right knee pain. Objectively, there are no vital signs documented in the record. There is tenderness to palpation in the trapezius and medial bilateral scapula there is tenderness the palpation in the subacromial space of the shoulders. Range of motion in the shoulders is full and complete. There is stiffness and tightness with exquisite tenderness on thoracic paravertebral and pain and L4 - L5. Sensory examination is unremarkable. The treatment plan in the March 11, 2015 progress note states the patient is referred out for deep tissue massage. There is no documentation in the medical record of prior deep tissue massage therapy, physical therapy or other conservative modalities. There is no documentation of an ongoing home exercise program. There is no clinical rationale in the medical record for deep tissue massage. Massage therapy should be limited to 4-6 visits in most cases. There is no specific request as to the quantity and/or frequency of massage documented. Consequently, absent clinical documentation with a clinical indication and rationale for deep tissue massage, prior conservative management modalities such as prior massage therapy, physical therapy and a home exercise program, deep tissue massage times per week times three weeks for the neck and right knee are not medically necessary.