

Case Number:	CM15-0099876		
Date Assigned:	06/02/2015	Date of Injury:	01/11/2010
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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 Jersey, New York
 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 31 year old female, who sustained an industrial injury on January 11, 2010. She reported neck, left shoulder, left wrist, lumbar spine and left knee pain after falling backwards while pulling a four-wheeled rack in a deli. The injured worker was diagnosed as having carpal tunnel syndrome, left shoulder impingement syndrome and left knee patellofemoral chondromalacia. Treatment to date has included diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued neck, left wrist and upper extremity pain with associated insomnia. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 15, 2014, revealed continued complaints as noted. Evaluation on April 17, 2015, revealed continued pain as noted. Acupuncture and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs has shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short-term use. Therefore, the request is considered not medically necessary.

Vicodin 7.5/300 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Vicodin is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Vicodin is not medically necessary.

12 Additional Acupuncture Visits 2 Times per Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 sessions per week for six weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 12 sessions and there was also no documentation of the patient's response to previous acupuncture treatment. Because of these reasons, the request is not medically necessary.

Ibuprofen 800 MG #90 with 1 Refill: Upheld

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

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

Decision rationale: The request for ibuprofen is not medically necessary. NSAIDs are first line treatment to reduce pain and are recommended at the lowest dose for the shortest duration. There should also be documentation of functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. The patient has also been recommended a very high dose of ibuprofen at 800mg three times a day, which increases risk of adverse reactions. There is not enough documentation to support the use of high dose Ibuprofen. Therefore, the request for ibuprofen is considered not medically necessary.

Flexeril 10 MG #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of Flexeril is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The patient has been using it for an extended period of time. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued chronic use is considered not medically necessary.