

Case Number:	CM14-0145681		
Date Assigned:	09/12/2014	Date of Injury:	06/26/2012
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old female who reported injury on 06/26/2012. The mechanism of injury was cumulative trauma. The prior treatment included acupuncture and physical therapy. The surgical history was stated to be none. The current medications were stated to be Lyrica. The documentation of 08/07/2014 revealed the current complaints of bilateral shoulder pain and neck pain. The physical examination revealed tenderness to the mid cervical area and moderate paraspinal spasms. The Spurling's, Adson's, and modified Adson's were negative. The reflexes were +2 bilaterally. Range of motion of the cervical spine was noted to be limited and painful. The sensory examination was symmetrical, as was the motor examination. The injured worker had tenderness to the anterior right shoulder. The injured worker had decreased range of motion of the right shoulder. The injured worker had a positive Neer impingement sign, Hawkins impingement sign, and a positive dynamic compression shear test. The physical examination of the left shoulder revealed tenderness to the anterior shoulder region and decreased range of motion, as well as a positive Neer, Hawkins, and positive dynamic compression shear test. The injured worker underwent x-rays of the right shoulder and left shoulder. The injured worker underwent x-rays of the cervical spine. The x-rays revealed loss of lordosis identified, suggestive of paraspinal spasms, disc spaces are well preserved, there is no spondylosis identified, no acute fracture and foramina of pure patent, and there was no intersegmental instability. The x-ray of the right shoulder showed a good glenohumeral relationship with no evidence of heterotopic calcifications and no acute evidence of fractures, as well as a type III acromion. The x-ray of the left shoulder revealed the same information. The diagnoses included impingement syndrome bilateral and sprain/strain cervical. The treatment plan included further diagnostic testing in order to assist in clinical decision making and to evaluate other therapeutic avenues, confirm diagnostic impression, and determine further care.

Additionally, the treatment plan included to start Anaprox DS sodium 550 mg 1 tablet 3 times a day refill 1, start Flexeril 7.5 mg 3 tablets a day refill 1, start Prilosec 20 mg twice a day 30 days refills 2, and start Ultracet 325/375 mg 1 to 2 tablets orally twice per day refill 1. Additionally, the request was made for imaging of the bilateral shoulders and the cervical spine. The detailed Request for Authorization was for the medications and the MRIs, as well as laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ANAPROX DS 550MG #90 WITH 1 REFILL -- MODIFIED TO 1 PRESCRIPTION OF ANAPROX DS 550MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. The clinical documentation submitted for review indicated the injured worker was starting the medication. As such, there would be no necessity for 3 tablets a day dosing without re-evaluation. Additionally, there would be lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Anaprox ds 550mg #90 with 1 refill -- modified to 1 prescription of Anaprox ds 550mg #90 is not medically necessary.

1 PRESCRIPTION OF FLEXERIL 7.5MG #90 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated this was an original date of prescription. However, there was a lack of documentation indicating a necessity for 3 time a day dosing and a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Flexeril 7.5mg #90 with 1 refill is not medically necessary.

1 PRESCRIPTION OF PRILOSEC DR 20MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. This request would not be supported. The request for the Anaprox was found not to be medically necessary. As such, this medication, Prilosec, would not be medically necessary. The request as submitted failed to indicate the frequency for the requested medication and failed to provide documentation of a necessity for 1 refill without re-evaluation. Given the above, the request for 1 prescription of Prilosec dr 20mg #60 with 1 refill is not medically necessary.

1 PRESCRIPTION OF ULTRACET 37.5/325MG #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,Initiating Therapy Page(s): 60,77.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. Additionally, 1 medication should be added or changed at a time when initiating therapy. The clinical documentation submitted for review indicated the injured worker was prescribed NSAIDs and there was a lack of documentation of a failure of NSAIDs to support the necessity for an opioid. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for 1 prescription of Ultracet 37.5/325mg #60 with 1 refill is not medically necessary.

1 MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers presenting with true neck and upper back problems,

special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction and a failure to progress in a strengthening program intended to avoid surgery. There was a lack of documentation of exhaustion of conservative care directed at the cervical spine. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon physical examination to support the necessity for an MRI. Given the above, the request for 1 MRI of the cervical spine is not medically necessary.

1 MRI OF THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The primary criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to invasive surgery. The clinical documentation submitted for review failed to indicate the injured worker had exhausted conservative care directed at the shoulders. Given the above, the request for 1 MRI of the bilateral shoulders is not medically necessary.