

Case Number:	CM14-0147965		
Date Assigned:	09/15/2014	Date of Injury:	07/05/2007
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 53-year-old female who reported injury on 07/05/2007 due to repetition of performing customary duties of typing, answering phones, light lifting, and writing. The injured worker has diagnoses of mechanical neck pain, cervical spinal stenosis, status post cervical fusion, post laminectomy of the cervical spine, post laminectomy syndrome of the cervical spine, myofascial pain of the shoulder, girdle musculature, and right wrist tenosynovitis. Past medical treatment consist of physical therapy, ESIs, facet blocks, ice/heat packs, cortisone injections, trigger point injections, the use of H Wave/TENS unit, acupuncture, and medication therapy. Medications include Ibuprofen, Lorazepam, Amitriptyline, Hydrocodone, Baclofen, and Carisoprodol. The injured worker has undergone bilateral knee arthroscopies, left heel operation, and lumbar fusion. The injured worker has undergone x-rays of the lumbar spine, MRIs of the lumbar spine, and x-rays of the cervical spine. On 08/26/2014, the injured worker complained of chronic pain. Physical examination revealed that the range of motion in the neck was limited at end range. The injured worker had 5/5 strength in upper extremities and functional range of motion. The injured worker was also noted to have intact sensation to light touch in upper extremities. Medical treatment plans were for the injured worker to continue use of medication therapy, physical therapy, and the use of an H wave machine. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline. Decision based on Non-MTUS Citation Official Disability Guidelines SSRIS Versus Tricyclic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (Elavil) Page(s): 13.

Decision rationale: The request for Elavil 75mg #30 is not medically necessary. The California MTUS Guidelines indicate antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment treatment efficacy should include not only pain outcomes, but only an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance, should be assessed, the optimal duration of treatment is not known because most double blind trials have been of short duration between 6 to 12 weeks. There was a lack of evidence of an objective assessment in the injured worker's pain level. The frequency and duration were not provided the request as submitted. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Ibuprofen 800mg #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): 70.

Decision rationale: The decision for Ibuprofen 800mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs 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. In patients with acute exacerbations of chronic low back pain, guidelines recommend NSAIDs as an option for short term symptomatic relief. The guidelines also recommend that NSAIDs be prescribed at its lowest effective dose and its shortest duration at time. The submitted documentation did not indicate in the submitted report a complete and accurate pain assessment, and the efficacy of the medication was not submitted for review. Additionally, it is documented in the papers dated 03/2014 that the injured worker had been taking ibuprofen, since at least this time, exceeding the recommended guidelines for short term use. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Physical Therapy x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request Physical Therapy x6 is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation lacked any indication of the injured worker's prior course of therapy, as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed is unclear. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

DME (Durable Medical Equipment): H-Wave Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

Decision rationale: The request for DME (Durable Medical Equipment): H-Wave Supplies is not medically necessary. The California MTUS Guidelines do not recommend the H wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The submitted documentation did not address any numbness or weakness to suggest neuropathic pain. Furthermore, the efficacy of the use of the H wave was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for DME (Durable Medical Equipment): H-Wave Supplies is not medically necessary.