

Case Number:	CM14-0152668		
Date Assigned:	09/19/2014	Date of Injury:	02/18/2009
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family Medicine 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:

This is a 65-year-old female patient who reported an industrial injury on 2/18/2009, to the neck and back, attributed to the performance of her usual and customary job tasks. The patient was established as permanent stationary with MMI status as of 7/12/2011. The PQME evaluation for the patient established injury to the cervical spine, headaches, and right shoulder. No injury was found to the lumbar spine, left shoulder or bilateral upper extremities by the PQME. The clinical narrative dated 8/7/2014, by the treating physician reported that the patient complained of a flareup of her neck and right shoulder pain. The objective findings on examination were limited to tenderness to palpation and diminished range of motion to the cervical spine and right shoulder. The patient was requested to have chiropractic care directed to the neck and shoulder. It was noted that the patient had no chiropractic care in the last 2 to 3 years. The treating diagnoses included lumbar spines rain/strain with bilateral lower extremity radiculopathy; cervical spine sprain/strain with disc displacement and flare-up of symptoms; SAD; sleep disturbance; hypertension; GI upset due to pain medication. The treatment plan included 2x3 sessions of chiropractic care directed to the cervical spine for flare-up; naproxen 550 mg #60 with refills x5; Norflex 100 mg #30 with refills x5; Prilosec 20 mg #30 with refills x5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

Decision rationale: The request for chiropractic care for the cervical spine and right shoulder for the diagnoses of sprain/strain over 5 years ago is inconsistent with the recommendations of the CA MTUS and the ACOEM Guidelines. The CA MTUS does not recommend chiropractic care for the upper extremities. There is no medical necessity for chiropractic care CMT to the RUE for the sprain/strain symptoms. There is no objective evidence to support any chiropractic physiotherapy subsequent to the provided sessions of chiropractic care as the patient is documented to have received more sessions of chiropractic care/CMT than is recommended by the CA MTUS. The patient should be in a HEP. There is no objective evidence provided to support the medical necessity for the provision of additional chiropractic care for the objective findings of TTP or flareup to the cervical spine. There is no demonstrated weakness or muscle atrophy. The patient is noted to have prior chiropractic care directed to the neck and right shoulder; however there is no documented sustained functional improvement with the previously provided sessions of chiropractic care. The request for chiropractic sessions is inconsistent with the recommendations of the CA MTUS and is not supported with objective evidence. There is no medical necessity for maintenance care for this patient. The patient should be working on strengthening and conditioning on her own in a self-directed home exercise program. There is no demonstrated medical necessity of the requested 2x3 sessions chiropractic care. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic neck pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain, as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain or neck pain but not for chronic pain. The patient is not documented to be participating in a self-directed home exercise program for the treatment of her pain. There is no objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. The request for additional sessions 2x3 of chiropractic care/CMT directed to the neck and right shoulder is not demonstrated to be medically necessary.

Naproxen 550 mg QTY: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

Decision rationale: The use of Anaprox/Naproxen 550 mg #360 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no rationale to support the medical necessity of #360 tabs. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen 550 mg #360 is not demonstrated to be medically necessary.

Norflex 100mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; muscle relaxants; cyclobenzaprine American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ; Chronic pain chapter 2008 page 128; muscle relaxant

Decision rationale: The prescription for Norflex (Orphenadrine) 100 mg #180 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back. The prescription for Orphenadrine 100 mg #180 is not demonstrated to be medically necessary for the effects of the industrial injury. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional

improvement through the use of the prescribed Norflex 100 mg #180. Therefore, the request is considered not medically necessary.

Prilosec 20mg QTY: 180.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for medications that did not include NSAIDs at this time. The patient was prescribed Naproxen; however, there are no documented GI issues attributable to the naproxen. The patient was noted to be prescribed Prilosec due to reported unspecified GI issues due to pain medicine. Prolonged use of proton pump inhibitors leads to osteoporosis and decreased Magnesium levels. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking NSAIDs, Naproxen, at the present time. There are no identified GI issues attributed to the prescribed NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for Prilosec or omeprazole 20 mg #180. There is no rationale provided to support the medical necessity of BID dosing. There is no documented functional improvement with the prescribed Omeprazole. The request is not medically necessary.