

Case Number:	CM13-0009089		
Date Assigned:	09/11/2013	Date of Injury:	04/01/1994
Decision Date:	01/21/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 57 year old male with a date of injury of 04/01/1994. He sustained work injuries to his back, shoulders, arms and hands. The patient is diagnosed with chronic lumbosacral neuritis/radiculitis. The patient has a long history of cervical, thoracic, and lumbar spine pain, as well as shoulder pain. The patient has received treatment including physical therapy after his injury in 1994. The notes, in [REDACTED] initial consultative report (05/01/2013), that the patient has not received any treatment in the last 10 years. The patient complaints are of lumbar pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. Stiffness and decrease in ROM was observed. He also complains of aching and sharp shooting pain in his shoulder, which radiates to his arms and neck. He has trouble getting restful sleep due to his pain. The reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal continued pain in the neck, thoracic, lumbar spine and bilateral shoulders. [REDACTED] requests physical therapy, acupuncture sessions, Thoprophran, and Transdermal Tramadol/Amitriptyline. There are no reports of recent physical therapy or acupuncture received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for four (4) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98.

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

Decision rationale: The patient has a long history of chronic lower back pain. The medical reports show patient had received prior treatment, including physical therapy, after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. The patient complaints are of lumbar pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. The reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal patient continued to have pain in the neck, thoracic and lumbar spine. The review of the reports provided do not show evidence that the patient has received any recent physical therapy. Although a course of therapy is recommended and the provider adequately documents stiffness/ROM issues, along with pain, the provider has asked for 12 sessions of physical therapy, which exceeds the MTUS guidelines for the diagnosis. The California MTUS allows up to 10 sessions for nonspecific symptoms of myalgia, myositis, neuritis, neuralgia and radiculitis. Recommendation is for denial.

Physical Therapy three (3) times a week for four (4) weeks for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The patient has a long history of chronic lower back pain. The medical reports show patient had received prior treatment, including physical therapy, after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. The patient complaints are of lumbar pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. The reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal patient continued to have pain in the neck, thoracic and lumbar spine. The review of the reports provided do not show evidence that the patient has received any recent physical therapy. Although a course of therapy is recommended and the provider adequately documents stiffness/ROM issues, along with pain, the provider has asked for 12 sessions of physical therapy, which exceeds the MTUS guidelines for the diagnosis. The California MTUS allows up to 10 sessions for nonspecific symptoms of myalgia, myositis, neuritis, neuralgia and radiculitis. Recommendation is for denial.

Physical Therapy three (3) times a week for four (4) weeks for the bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The patient has a long history of chronic lower back pain. The medical reports show patient had received prior treatment, including physical therapy, after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. The patient complaints are of lumbar pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. The reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal patient continued to have pain in the neck, thoracic and lumbar spine. The review of the reports provided do not show evidence that the patient has received any recent physical therapy. Although a course of therapy is recommended and the provider adequately documents stiffness/ROM issues, along with pain, the provider has asked for 12 sessions of physical therapy, which exceeds the MTUS guidelines for the diagnosis. The California MTUS allows up to 10 sessions for nonspecific symptoms of myalgia, myositis, neuritis, neuralgia and radiculitis. Recommendation is for denial.

Acupuncture two (2) times a week for six (6) weeks to the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has a long history of chronic back and shoulder pain. The medical reports show patient had received prior treatment including physical therapy and chiropractic visits after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. The patient complaints are of back pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. Following reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal patient continued to have pain in the neck, thoracic, lumbar spine and bilateral shoulders. The review of the provided reports does not show evidence that the patient has had any acupuncture sessions. Although an initial trial of therapy is recommended and the provider adequately documents the symptoms, the provider asks for 12 sessions which exceeds the MTUS guidelines. The California MTUS allows up to 3 to 6 acupuncture treatments to produce functional improvement. Recommendation is for denial.

Acupuncture two (2) times a week for six (6) weeks to the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has a long history of chronic back and shoulder pain. The medical reports show patient had received prior treatment including physical therapy and

chiropractic visits after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. The patient complaints are of back pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. Following reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal patient continued to have pain in the neck, thoracic, lumbar spine and bilateral shoulders. The review of the provided reports does not show evidence that the patient has had any acupuncture sessions. Although an initial trial of therapy is recommended and the provider adequately documents the symptoms, the provider asks for 12 sessions which exceeds the MTUS guidelines. The California MTUS allows up to 3 to 6 acupuncture treatments to produce functional improvement. Recommendation is for denial.

Acupuncture two (2) times a week for six (6) weeks to the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has a long history of chronic back and shoulder pain. The medical reports show patient had received prior treatment including physical therapy and chiropractic visits after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. The patient complaints are of back pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. Following reports dated 05/07/2013, 06/04/2013 and 07/09/2013 reveal patient continued to have pain in the neck, thoracic, lumbar spine and bilateral shoulders. The review of the provided reports does not show evidence that the patient has had any acupuncture sessions. Although an initial trial of therapy is recommended and the provider adequately documents the symptoms, the provider asks for 12 sessions which exceeds the MTUS guidelines. The California MTUS allows up to 3 to 6 acupuncture treatments to produce functional improvement. Recommendation is for denial.

Toprophan 1mg/500mg/25mg/25mg capsule, one at bedtime #30 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration

Decision rationale: Topropahn is a vitamin supplement to aid the patient's sleep, Toprophol, is not listed in any of the guidelines including MTUS, ACOEM or ODG. Toprophol is also not FDA approved. Vitamin supplements require specific documentation of deficiency before they can be supplemented. In this case, Toprophol is prescribed for insomnia and there is lack of guidelines discussion regarding this medication. Recommendation is for denial.

8. Transdermal Tramadol/Amitriptyline twice a day as needed #60 gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The patient has a long history of chronic back and shoulder pain. The medical reports show patient had received prior treatment including physical therapy and chiropractic visits after his injury in 1994. In [REDACTED] initial consultative report (05/01/2013), he notes that the patient claims to have not received any treatment in the last 10 years. Regarding patients back pain, complaints are of pain that radiates to right left leg, thigh and both feet. He reports bilateral buttock pain and numbness in both legs. Regarding his shoulder, he states pain is aching and sharp shooting in both right and left shoulder. The pain radiates to arms and neck. There is weakness of upper extremities. The California MTUS regarding topical analgesics states it is largely experimental in use. They are primarily recommended for neuropathic pain when trials for antidepressants and anticonvulsants have failed. Tramadol/amitriptyline transdermal is not discussed in MTUS or ODG guidelines. Neither of these medications is tested for transdermal use with any efficacy. The medical reports reviewed do not show failed trials of antidepressants and anticonvulsants. There is little to no research to support the use of many of these compounded agents. Recommendation is for denial.