

Case Number:	CM13-0011880		
Date Assigned:	09/24/2013	Date of Injury:	07/28/2011
Decision Date:	01/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 & Rehabilitation, 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.

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 underlying date of injury in this case is 7/28/2011. The mechanism of injury is a motor vehicle accident including injury to the patient's head, neck, bilateral shoulders, mid-back, low back, and right knee. Treating diagnoses include facial pain syndrome, post-concussive syndrome, headaches, hearing/vertigo, cognitive deficits, chest pain, and sternal pain, shoulder pain, low back pain, and sleep impairment. MRI imaging of the lumbar spine of 9/29/2011 demonstrated discogenic and facet disease, thoracolumbar spine with no specific neural involvement. An electrodiagnostic study of 3/20/2013 demonstrated an acute left C6 and C7 radiculopathy. On initial physician review, the prior reviewer noted that this patient had previous acupuncture and severe functional improvement was not documented. The reviewer noted the patient had previous physical therapy and details regarding that therapy and the rationale for additional therapy were not provided. That reviewer noted that there was no documentation of functional improvement from prior massage therapy and that there was no documentation of measurable objective functional improvement from Anaprox. That reviewer also noted that there was no documentation that this patient had a gastrointestinal indication for Prilosec. That reviewer noted that a prior request for Norco was modified pending additional information regarding compliance and benefit of that initial information was not provided. That reviewer noted that a prior recommendation for Ultram was modified to allow for weaning or an opportunity to provide additional information regarding compliance and effectiveness and this was not provided. That reviewer noted that there was no documentation of the use of a wedge pillow and therefore the guidelines could not be applied. That reviewer also noted that there was no documentation provided of a trial of cervical traction to determine if efficacy to purchase a cervical traction pump unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times a week for 8 weeks for the head, cervical spine, lumbar spine, thoracic spine, bilateral shoulders, and bilateral hips: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Acupuncture Guideline section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented as defined in section 92.20." The medical records do not contain details of functional improvement from past acupuncture sufficient to support the request for additional acupuncture. Therefore, this request is not medically necessary. The request for acupuncture 1-2 times a week for 8 weeks for the head, cervical spine, lumbar spine, thoracic spine, bilateral shoulders, and bilateral hips is not medically necessary and appropriate

Physical therapy 2 times a week for 8 weeks: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 99 recommends "Allow for fading of treatment frequency plus active self-directed home physical medicine." This patient would be anticipated by these guidelines to have transitioned by now to an independent active home rehabilitation program. The medical records do not provide an alternate rationale as to why this patient requires additional supervised, rather than independent rehabilitation. Therefore, this request is not medically necessary. The request for physical therapy 2 times a week for 8 weeks is not medically necessary and appropriate.

Massage therapy 1-2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on massage therapy states "This treatment should be an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases . . . Massage is a

passive intervention and treatment dependence should be avoided." In this chronic case in which this patient has previously received massage therapy treatment, the medical records do not provide a rationale as to why additional massage treatment would be indicated. The request for massage therapy 1-2 times a week for 6 weeks is not medically necessary and appropriate.

Anaprox 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 67-68.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications states "Anti-inflammatories are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume." A prior review concluded that this medication is not medically necessary because there is no specific documentation of functional benefit. The Chronic Pain Medical Treatment Guidelines emphasize documentation of objective functional benefit for medications with significant potential for aberrant behavior or dependence, particularly opioids. However, the guidelines do not strictly require objective evidence of functional improvement for antiinflammatory medications, which have negligible potential for such abuse. This medication is a first-line medication for a patient with complex chronic musculoskeletal pain and the medical records do clearly report at minimum subjective improvement in pain from this medication. This is consistent with the guidelines. This medication is medically indicated. The request for Anaprox 550mg is medically necessary and appropriate.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 67-68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms states the clinician should "Determine if the patient is at risk for gastrointestinal events: Age greater than 65 years, history of peptic ulcer or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high-dose/multiple NSAIDs." The medical records do not clearly indicate which, if any of these risk factors support gastrointestinal prophylaxis, nor do the records indicate an alternate rationale for Prilosec. Therefore, this request is not medically indicated. The request for Prilosec 20mg is not medically necessary and appropriate.

Norco 6/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects . . . Four domains have been proposed as most relevant for ongoing management of chronic pain patients on opioids." The medical records at this time do not contain information regarding the 4 domains of opioid management and overall functional benefit versus side effects of opioids as required by the treatment guidelines. Therefore, this request is not medically indicated. The request for Norco 6/325mg #60 is not medically necessary and appropriate.

Ultram 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Ultram Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Ultram Page(s): 113. Decision based on Non-MTUS Citation Lanier, Ryan (2010) Physical Dependence Potential in Daily Tramadol Dosing in Humans. Psychopharmacology 2010, September: 457-466,.

Decision rationale: Guidelines, section on Tramadol, page 113 states that this medication "Is not recommended as a first-line oral analgesic." Peer reviewed literature indicates that Ultram has less potential for physical dependence than first-line opioids such as hydrocodone. In this situation where a patient has complex chronic pain and there has been a recommendation for first-line opioids to be tapered and discontinued, Ultram would be supported by the guidelines in peer reviewed literature as an alternative analgesic medication with less potential for physical dependence. Therefore, this medication is medically indicated. The request for Ultram 50mg is medically necessary and appropriate.

Wedge pillow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/400_499/0456.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Section, cervical pillow.

Decision rationale: This request is not addressed in the Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers Compensation/Neck states

regarding cervical pillow "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise." A prior physician review stated that this pillow was not indicated because there was no documentation of its use; that would be a circular argument since it cannot be used until certified. Particularly in a case where there has been a recommendation to taper and discontinue pharmacological treatment such as first-line opioids, alternative means of pain management such as an inexpensive pillow with negligible risk of side effects should be encouraged. The treatment guidelines therefore do support this request for a wedge pillow. The request for a Wedge pillow is medically necessary and appropriate.

Insta pak CNT-cervical traction pump unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 8, Neck, Page 173 states "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction." More specific guidelines are found in the same reference on page 181, which states regarding management of neck complaints "Not recommended: Traction." The medical records in this case do not provide an alternate reference or rationale to support an indication for cervical traction. Therefore, overall, the medical records and guidelines do not support this request. The request for an Insta pak CNT-cervical traction pump unit is not medically necessary and appropriate.