

Case Number:	CM13-0017622		
Date Assigned:	11/27/2013	Date of Injury:	08/09/2004
Decision Date:	02/03/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/28/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old female who reported an injury on 08/09/2004. The mechanism of injury was not provided. The patient was noted to have an appropriate urine drug screen on 03/21/2013. The patient was noted to have pain of a 4/10 to 5/10 with medications and a 7/10 to 8/10 without medications. It was noted that the patient had not been able to decrease the Soma and took Xanax. The patient was noted to have lumbar paraspinous muscle spasms on palpation. The diagnoses were noted to include lumbar radiculopathy and disc degeneration, depression, myalgia/myositis and chronic pain (other). The request was made for myofascial release therapy, physical therapy, urine drug testing and medications, along with a refill of opiate medications for 3 to 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Myofascial Release, Massage Page(s): 60..

Decision rationale: The California MTUS Guidelines recommend that massage therapy is limited to 4 to 6 visits. The clinical documentation submitted for review indicated that the patient was having muscle spasm; however, it failed to provide if the patient had had previous sessions. The request for myofascial release therapy for 4 weeks (frequency not specified) is not medically necessary

Physical therapy for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine..

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated that the patient had previous physical therapy. However, it failed to provide the objective functional benefit for the therapy. Additionally, it failed to provide the number of sessions. Given the above, the request for physical therapy for 4 weeks (frequency not specified, body part not specified) is not medically necessary.

Urine drug testing (UDT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, screening for. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, ongoing Management Page(s): 78.. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated that the patient had a prior drug urinalysis that was normal. It failed to provide documentation of issues of abuse, addiction or poor pain control. Given the above, the request for urine drug testing is not medically necessary

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepine Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks, and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review indicated that the patient would be using Restoril for insomnia. However, it failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, it failed to provide documentation indicating that the patient had a necessity for long-term use. Given the above, the request for Restoril 30 mg #30 is not medically necessary.

Clotrimazole 10mg troche #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/monograph/clotrimazole.html>, uses for Clotrimazole.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=Clotrimazole+Troche>

Decision rationale: Per drugs.com, clotrimazole is an antifungal medication. It is like an antibiotic but is used to treat yeast (fungal) infections. Oral clotrimazole is used to treat and prevent yeast infections of the mouth and throat. The clinical documentation submitted for review failed to provide the necessity for this medication. Given the above and the lack of documentation, the request for clotrimazole 10 mg troche #30 is not medically necessary

MS Contin 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria For Use of Opi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, MS Contin,Ongoing Management . Page(s): 93, 7.

Decision rationale: The California MTUS Guidelines indicate that MS Contin is used for patients who have severe pain and who are in need of continuous treatment; and additionally, ongoing management needs to include documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The clinical documentation submitted for review indicated that the patient was taking the medication; however, it failed to provide documentation of the 4 A's. Given the above, the request for MS Contin 150 mg #60 is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 69.

Decision rationale: The California MTUS Guidelines support the use of PPIs for the treatment of dyspepsia caused by NSAID therapy. The clinical documentation submitted for review failed to provide that the patient had signs and symptoms of dyspepsia. Given the above, the request for pantoprazole 20 mg #60 is not medically necessary.

Hydrocodone Bit/APAP 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, hydrocodone/apap, ongoing management Page(s): 91.

Decision rationale: The California MTUS Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain, and they indicate that for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for hydrocodone bit/APAP 10/325 mg #120 is not medically necessary.

Refill opiate medications, provided for a three (3) to six (6) month period: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that for ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted for review failed to indicate the necessity for the request for a refill of opiate medications provided for a 3 to 6 month period. Given the above and the lack of documentation, the request to refill opiate medications provided for a three (3) to six (6) month period is not medically necessary.