

Case Number:	CM13-0019878		
Date Assigned:	10/11/2013	Date of Injury:	06/22/2012
Decision Date:	04/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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, 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:

This is a patient with a date of injury of 6/22/12. A utilization review determination dated 8/6/13 recommends non-certification of physiotherapy 2 x 6, Norco, tramadol, Flexeril, Prilosec, ketoprofen cream, capsaicin, and Voltaren XR. The 6/21/13 progress report identifies pain in the neck, low back, and bilateral shoulders and feet. The note identifies that the patient has not started physiotherapy to the right shoulder. There is decreased ROM (range of motion) with positive impingement of the shoulder, decreased cervical spine ROM with tenderness and a positive Spurling's test, and decreased wrist mobility of the wrist with positive Tinel's and Phalen's tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY TWICE A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL SPINE, RIGHT FOOT, LUMBAR SPINE: Upheld

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

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

Decision rationale: Regarding the request for physiotherapy 2x6 for the cervical spine, right foot, and lumbar spine, the MTUS guidelines cite that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. There is no documentation as to why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the MTUS guidelines support only up to 10 PT sessions for this injury. In light of the above issues, the currently requested physiotherapy 2x6 for the cervical spine, right foot, and lumbar spine is not medically necessary.

NORCO 10/325 MG, #60 REFILLED ON 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 76-79.

Decision rationale: Regarding the request for Norco, the MTUS Chronic Pain Medical Treatment Guidelines indicate that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the employee's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

TRAMADOL REFILLED 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-79.

Decision rationale: Regarding the request for tramadol, the MTUS Chronic Pain Medical Treatment Guidelines indicate that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the tramadol is improving the employee's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested tramadol is not medically necessary.

FLEXERIL REFILLED 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, the MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the guidelines. In light of the above issues, the currently requested Flexeril is not medically necessary.

PRILOSEC 20 MG, #60 REFILLED 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Regarding the request for Prilosec, the MTUS guidelines indicate that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or Final Determination Letter for IMR Case Number CM13-0019878 5 for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the employee has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.

KETOPROFEN 10% 120 MG 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for ketoprofen 10%, the MTUS guidelines cite that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the

spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this employee. In light of the above issues, the currently requested ketoprofen 10% is not medically necessary.

CAPSAICIN 0.25% 120 MG REFILLED ON 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Regarding the request for capsaicin, the MTUS guidelines cite that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. In the absence of such documentation, the currently requested capsaicin is not medically necessary.

VOLTAREN XR 100 MG, #60, REFILLED ON 6/21/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: Regarding the request for Voltaren XR, the MTUS Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren XR is not medically necessary.