

Case Number:	CM13-0021517		
Date Assigned:	11/13/2013	Date of Injury:	05/17/2013
Decision Date:	02/04/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, chronic shoulder pain, anxiety, depression, and psychological stress reportedly associated with an industrial injury of May 17, 2013. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar support; muscle relaxants; extensive periods of time off of work; MRI of the cervical spine on August 1, 2013, reportedly notable for multilevel disc protrusions of uncertain clinical significance and mild cerebellar tonsillar herniation; an MRI of the thoracic spine of August 2, 2013, again notable for multilevel disc protrusions and degenerative changes of uncertain clinical significance; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of August 19, 2013, the claims administrator denied a request for topical compounds, MR imaging of the head, lumbar support, and several oral analgesics. The applicant's attorney later appealed. An earlier note of July 19, 2013 is notable for comments that the applicant presents with persistent neck pain radiating to the groin and low back. The applicant has tenderness about the lumbar spine and associated spasm with limited range of motion. Recommendation is made for the applicant to continue physical therapy, consult an internist to rule out a hernia, follow up with a psychiatrist, and obtain several medication refills while remaining off work. An earlier note of June 7, 2013, is notable for comments that the applicant had a CT scan of the head which was apparently normal. He is having frequent headaches with bright lights when reading. He is again placed off of work. An earlier note of May 23, 2013, is notable for comments that the applicant is having headaches coupled with blurred vision. It is stated that the applicant h

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Head: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, http://www.acr.org/~media/acr/documents/PGTS/guidelines/MRI_brian.pdf.

Decision rationale: The MTUS does not address the topic. As noted by the American College of Radiology (ACR), one of the primary indications for MRI imaging of the brain includes the presence of trauma in individuals with posttraumatic head injury. Psychiatric issues are also an indication for MRI imaging of the brain. In this case, the claimant does have ongoing issues with posttraumatic headaches. He also has superimposed psychological/psychiatric issues. He has had a prior negative/non-diagnostic CT scanning of the head. Obtaining MRI imaging of the brain, as suggested by ACR, will allow for more definitive visualization/resolution here. Therefore, the request for an MRI of the head is medically necessary and appropriate.

Physical therapy 2-3 times a week for 6 weeks: 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 Physical Medicine Page(s): 99.

Decision rationale: The applicant has had prior unspecified amounts of physical therapy over the life of the claim. The medical records provided for review indicate that the patient has failed to respond favorably to previous physical therapy sessions. He remains off of work, on total temporary disability, and is highly reliant on various forms of medical treatment, implying a lack of functional improvement as defined in the MTUS Guidelines. As noted on page 8 of the MTUS Chronic Pain Guidelines, there must be demonstrated functional improvement and various milestones in the treatment program so as to justify continued treatment. In this case, however, there is no such evidence of functional improvement which would justify continuation of therapy here. Therefore, the request for physical therapy 2-3 times a week for 6 weeks is not medically necessary and appropriate.

Retrospective LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the attending provider has not clearly furnished any rationale in the medical records provided for review to offset the unfavorable ACOEM recommendation. The applicant is/was several months removed from the date of injury, as of the date of the request. Continued usage of a lumbar support at that point in time was not indicated. Therefore, the request for a retrospective LSO Brace is not medically necessary and appropriate.

Biomed Unit-IF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: In the earlier utilization report, it appears that the claims administrator modified this request for a 1-month trial rental of the same. As noted on page 120 of the MTUS Chronic Pain Guidelines, an interferential stimulator is possibly appropriate in those individuals in whom pain is ineffectively controlled due to diminished effectiveness of medication and/or those individuals who are unresponsive to conservative measures. In this case, the applicant is, indeed, an individual whose pain has proven recalcitrant to first-line oral pharmaceuticals and who has failed conservative measures. The MTUS Chronic Pain Guidelines do note, however, that a 1-month trial rental is indicated before purchase of the device is sought. In this case, the request was apparently submitted as a purchase. The medical records provided for review offer no evidence that the claimant has completed a successful one month trial of the device. Consequently, the request for a Biomed Unit-IF is not medically necessary and appropriate.

Omeprazole 20mg: 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 NSAIDs Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no clear description of any signs or symptoms of dyspepsia, either NSAID-induced or standalone. Therefore, the request for Omeprazole 20mg is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the claimant is using numerous analgesics and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not indicated, particularly since the claimant has failed to affect any lasting benefit or functional improvement through prior usage of the same. The request for Cyclobenzaprine 7.5mg is not medically necessary and appropriate.

Ultram 150mg: 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 Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected through ongoing opioid usage. In this case, however, there is no evidence in the medical records provided for review that any of the aforementioned criteria were met. The applicant failed to return to work. The applicant failed to derive any lasting benefit or functional improvement through prior usage of tramadol. The applicant did not receive any lasting reduction in pain through prior usage of tramadol. For these reasons, the request for Ultram 150mg is not medically necessary and appropriate.

Fioricet #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 section on barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Guidelines, barbiturate-containing analgesics such as Fioricet are "not recommended for chronic pain." In this case, as with the many other drugs, the applicant failed to affect any lasting benefit or functional improvement through prior usage of the same. The applicant's continued dependence on various forms of medical treatment, including medications and physical therapy, coupled with her failure to return any form of work, imply a lack of functional improvement as defined by the MTUS Guidelines. Therefore, the request for Fioricet #120 is not medically necessary and appropriate.

Lidocaine-Ketoprofen Cream with Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Guidelines, neither Ketoprofen nor Flexeril is recommended or endorsed for topical application purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request for Lidocaine-Ketoprofen cream with Flexeril is not medically necessary and appropriate.

Flurbiprofen Capsaicin Menthol Camphor Cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 3, oral pharmaceuticals represent the most appropriate first-line palliative method. In this case, there is no evidence of intolerance to multiple classes of first-line oral pharmaceuticals so as to make a case for topical agents or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." The request for Flurbiprofen Capsaicin Menthol Camphor cream is not medically necessary and appropriate.