

Case Number:	CM13-0022352		
Date Assigned:	12/13/2013	Date of Injury:	01/12/2011
Decision Date:	08/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 was injured on 01/12/2011. She sustained an injury when she slipped and fell onto the ground. Prior treatment history has included TENS unit which has helped with the relief of her symptoms, chiropractic therapy, physical therapy, and pain medication management. SOAP note dated 08/13/2013 states the patient complained of worsening low back pain and reported it is worse with discontinuation of chiropractic treatment. She has radiating pain into the right leg with associated tingling in the arms, hands and legs; and numbness in the feet and weakness. She rated her pain as 6/10 at its best and 10/10 at its worse. Her pain becomes aggravated with bending, reaching, exercising, and any prolonged activity. The pain interferes with her sleep and reports fatigue and insomnia as she is unable to fall asleep after waking. Objective findings on exam revealed cervical spine range of motion is full in all planes. The lumbar spine reveals range of motion to forward flexion is 45 degrees; extension is 10 degrees; and side bending is 20 degrees to the left. There is tenderness to palpation over the bilateral lumbar paraspinal muscles with spasms. There is positive lumbar facet loading maneuver on the right. There is SI joint tenderness on the right. Sensation is diminished in the right L5 and S1 dermatomes of the lower extremities. Diagnoses are disorders of bursae and tendons in shoulder region, displacement of lumbar intervertebral disc without myelopathy and lumbago. The patient has been recommended chiropractic therapy as it has been helpful in the past, twice a week for 5 weeks; TENS unit, Anaprox 550 mg, Omeprazole 20 mg, Dendracin topical analgesic, and Trazodone 50 mg. Prior utilization review dated 08/21/2013 states the request for 10 chiropractic and physiotherapy sessions between 8/13/13 and 10/4/13 is not certified, prescription of 60 Anaprox 550mg is certified; prescription of 60 Omeprazole 20mg is not certified as there is no documentation of any GI risk factors secondary to NSAID use; prescription of 30 Trazodone 50mg is not certified as there is no indication that there is

coexisting depression; and 1 prescription of Dendracin topical analgesic lotion is not certified as guidelines state that any compound drug that contains one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 CHIROPRACTIC/PHYSIOTHERAPY SESSIONS BETWEEN 8/13/13 AND 10/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: According to the California MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. In this case, the number of previous chiropractic / physical therapy treatments is unknown. Furthermore there is no documentation of any significant improvement in the quantitative objective measurements, such as pain level or function with prior treatment. Therefore, based on the documentation and guidelines, the request for the requested service is not medically necessary.

PRESCRIPTION OF 60 ANAPROX 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71.

Decision rationale: According to the California MTUS guidelines, Anaprox (Naproxen) NSAIDs is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Furthermore, per guidelines Naproxen NSAID is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. In the absence of objective functional improvement, refill of refill Naproxen is not supported by the medical literature. The medical necessity for naproxen has not been established.

PRESCRIPTION OF 60 OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

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

Decision rationale: According to the California MTUS, Omeprazole PPI is recommended for Patients at intermediate risk for gastrointestinal events. The medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy there was history of NSAIDs intake. In the absence of documented any GI symptoms such as abdominal pain, vomiting or bleeding and the absence of the frequency and duration of NSAIDs intake, the request is not medically necessary according to the guidelines.

PRESCRIPTION OF 30 TRAZODONE 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Antidepressants drugs> Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <Trazodone >.

Decision rationale: California MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, this patient has chronic low back pain and radiculopathy. However, there is no documentation that the patient has been diagnosed with depression or anxiety. Additionally, the provider has requested Trazodone for insomnia; however, ODG indicates there is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. Thus, the criteria for Trazodone 50mg, tablets, #30 is not medically necessary and appropriate.

1 PRESCRIPTION OF DENDRACIN TOPICAL ANALGESIC LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low back>, Topical analgesics.

Decision rationale: According to the California MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Dendracin lotion contains methyl salicylate NSAIDs which is recommended for short time (4-12 weeks) in cases of osteoarthritis, but is not recommended in neuropathic pain. In this case, the patient was diagnosed with chronic low back pain with radiculopathy. The medical records however do not document the indication for Dendracin (i.e. LBP vs radiculopathy). Furthermore, in the absence of documented significant improvement of pain and function, and as this medication contains one compound that is not recommended for neuropathic pain, the request is not medically necessary.