

Case Number:	CM13-0023578		
Date Assigned:	03/26/2014	Date of Injury:	10/28/2011
Decision Date:	04/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/12/2013

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, 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 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:

This is a male patient with the date of injury of October 28, 2011. A Re-evaluation dated August 22, 2013 identifies low back pain at 7/10 right more than the left and neck pain at 5/10. He feels the most benefit from pool therapy and also from traction. He takes Tramadol 150 mg Extended Release for pain, Flexeril 7.5 mg, Prozac 20 mg and Prilosec 20 mg but he did run out of his Xanax. Back Examination identifies increased lordosis and a small pot belly that seems to pull his low back into lordosis. Sitting straight leg raise is positive bilaterally at 90 degrees, lying straight leg raise is positive bilaterally at 60 degrees. Diagnoses identify cervical spine sprain/strain with degenerative disc disease and degenerative joint disease, herniated nucleus pulposus at L4-5 and L5-S1 and L3-4 with degenerative disc disease and degenerative joint disease, moderately severe, depression, anxiety, insomnia, prior work injury of 2/1/03, sexual dysfunction, and urinary incontinence. Discussion and Recommendations identify the patient should go twice a week in the pool for 6 weeks and use a cox traction table once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for pool therapy QTY: 12.00, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested pool therapy QTY: 12.00 are not medically necessary.

COX TRACTION TABLE SESSIONS QTY: 6.00: Upheld

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

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

Decision rationale: Regarding the request for Cox traction table sessions QTY: 6.00, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Within the documentation available for review there is no statement indicating the frequency and duration with which the patient is using the traction device, what specific analgesic benefit is achieved with its use (in terms of percent pain reduction or reduction in numeric rating scale), what specific objective functional improvement is obtained with the use of this device, whether there is any reduction in pain medication as a result of this device, and whether this device is being used concurrently with a home exercise program as recommended by guidelines. Furthermore, it is unclear whether this is a powered device, which is not recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Cox traction table sessions QTY: 6.00 is not medically necessary.

PRILOSEC 20MG QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Prilosec 20mg QTY: 90.00, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient 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 20mg QTY: 90.00 are not medically necessary.

PROZAC 20MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Regarding the request for Prozac 20mg QTY: 60.00, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Prozac provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Prozac is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Prozac 20mg QTY: 60.00 are not medically necessary.

XANAX 1MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax 1mg QTY: 60.00, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Xanax is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Xanax. Finally, there is no indication that the Xanax is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Xanax 1mg QTY: 60.00 are not medically necessary.

URINE DRUG SCREEN QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine drug screen QTY: 1.00, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of any potentially aberrant or non-adherent drug related behaviors. As such, the currently requested urine drugs screen QTY: 1.00 is not medically necessary.