

Case Number:	CM13-0028813		
Date Assigned:	11/27/2013	Date of Injury:	02/16/2012
Decision Date:	01/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 61 year old female with a date of injury of 02/16/2012. The patient has diagnoses of lumbar disc herniation, chronic cervical strain, left foot hammer toe deformity second toe, left foot metatarsalgia, and left knee quadriceps strain. According to the report by [REDACTED], dated 08/23/2013, the patient continues to have intermittent pain in her lower back. On examination of the back, the patient had negative straight leg raising and diminished sensation over L4 nerve root distribution bilaterally. On examination of left ankle/foot, patient presented hammer toe deformity at the proximal interphalangeal joint with second toe. There was positive tenderness over the metatarsal bone. [REDACTED] requests 18 chiropractic visits, 18 Acupuncture visits, Diclofenac, Omeprazole, Tramadol and Ondansetron. A report dated 03/22/2013 documents the patient's complaints of pain and the prescription of omeprazole, as well as [REDACTED] recommendation to continue Anaprox and Ondansetron. Medical records provided for review indicate the patient has been taking Anaprox for anti-inflammatory purposes, Prilosec to reduce gastritis, and Ondansetron since 11/02/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Chiropractic 3x6 for the left foot: 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 section on Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: MTUS Chronic Pain Guidelines recommend manual therapy & manipulation for chronic pain caused by musculoskeletal conditions. However, chiropractic sessions for the ankle and foot are not supported by the MTUS Chronic Pain Guidelines. The request for initial chiropractic 3x6 for the left foot is not medically necessary and appropriate.

Additional Acupuncture 3x6 for the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines support the use of acupuncture for chronic pain, but indicate that a trial of 3-6 visits is necessary to determine whether the supported treatment results in functional improvement. If functional improvement is demonstrated, then the MTUS Acupuncture Guidelines support continued acupuncture therapy of 1-3 times per week for 1-2 months. It is unclear whether the patient has already received acupuncture treatment and if this request is for additional therapy or if this request is intended as an initial trial. Regardless, the 18 visits requested exceeds the duration of a recommended trial and the medical records provided for review do not satisfy the MTUS requirements for the demonstration of functional improvement, if the request is for additional therapy. The request for additional acupuncture 3x6 for the left foot is not medically necessary and appropriate.

Diclofenac XR 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8 and 60.

Decision rationale: A review of the reports from 7/13/12 to 11/3/13 shows a pattern of NSAID prescriptions, but there is no evidence that this patient has been taking NSAIDs. The patient took some naproxen on 12/7/12 and experienced headaches, bloating and throat problems, which prompted her to stop taking the medication. However, nearly every progress report thereafter notes the patient being prescribed Anaprox, which is essentially the same drug as Naprosyn. There is no discussion provided for the monthly prescription of Anaprox and the treater prescribes Diclofenac on 8/23/13. Subsequently, the report of 11/3/13 indicates the patient's admission that she does not use anti-inflammatories and she has "not yet taken the anti-inflammatories" prescribed. There does not appear to be any documentation of discussion with the patient about prescription adherence, efficacy, or functional changes. MTUS Chronic Pain Guidelines require that the physician monitor medication treatments and perform a pain

assessment and document functional changes. There are no medical records that indicate the result of medication monitoring or the measurements of functional improvement, as required by MTUS Chronic Pain Guidelines. The request for Diclofenac XR 100mg #30 is not medically necessary and appropriate.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient's oral medications included Zofran, Anaprox, and Prilosec since 11/02/2012. The physician has prescribed Omeprazole in each case as a "prophylaxis" against the use of NSAIDs. The MTUS Chronic Pain Guidelines indicate that Omeprazole is recommended with certain precautions. The Guidelines state, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The medical records provided for review do not provide any GI risk assessment. There is no mention of gastric irritation or pain, no peptic ulcer history, no concurrent use of ASA, anti-coagulation, etc. Consequently, the request for Omeprazole 20mg #30 is not medically necessary and appropriate.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient is prescribed Tramadol ER. MTUS Chronic Pain Guidelines require documentation of pain reduction and functional improvement with chronic use of opiates. The Guidelines require functioning documentation via a numerical scale or validated instrument at least once every six months. Under outcome measure, current pain; average pain; least pain; time it takes to achieve pain relief, etc. are all required for documentation with opiates use. The medical records provided for review do not satisfy these criteria. The request for Tramadol ER 150mg #60 is not medically necessary and appropriate.

Ondansetron 4mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The treating physician has been dispensing Zofran 4mg to treat the patient's nausea prophylactically in relation to the use of NSAIDs and Opiates since 11/2/12 according to the medical records provided for review. However, there is not a single mention of nausea or vomiting from the use of medication. The Official Disability Guidelines do not recommend antiemetics to treat opiate induced nausea/vomiting. The request for Ondansetron 4mg #30 is not medically necessary and appropriate.