MAXIMUS Federal Services

| Case Number: | CM13-0043920 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/03/2012 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

## 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 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 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 patient is a 38-year-old female with a date of injury of 01/03/2012. The listed diagnoses per [redacted] are: 1. Cervical sprain/strain. 2. Bilateral shoulder sprain/strain. 3. Bilateral wrist ganglia volar. 4. Lumbar sprain/strain, rule out herniated nucleus pulposus. 5. Bilateral knee pain. 6. Bilateral plantar fasciitis. 7. Insomnia. 8. Anxiety. 9. Sexual dysfunction. 10. Carpal tunnel syndrome bilaterally. According to the report dated 09/26/2013 by [redacted], the patient presents with neck, bilateral wrist, bilateral shoulder, and low back pain. She is currently going to pool therapy twice a week. Patient has participated in 6 weeks of therapy for her back, but the other body parts have not been addressed. Patient is currently taking Tramadol, Flexeril 7.5 mg, Naprosyn 550 mg, and Prilosec 20 mg. She is also using a topical cream that contains Ketoprofen, Gabapentin, and Tramadol. Examination of the neck and shoulder revealed slight stiffness with positive Tinel's and Phalen's on the left. The treating physician states the patient will return back to land therapy and should focus on the shoulder, wrist, and neck issues in addition to the back. The treating physician recommends 18 additional sessions, refill of medications and a Urinalysis. Utilization review is dated 10/17/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 X 6 (18 SESSIONS):** Upheld

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

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

**Decision rationale:** This patient presents with neck, bilateral wrist, bilateral shoulder, and low back pain. The treating physician is requesting physical therapy 3 times a week for 6 weeks for the neck, shoulder and wrists. For physical medicine, the MTUS pages 98, and 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Medical records show the patient participated in 6 weeks of physical therapy for the back. The patient has not yet had any therapy to address her wrist, shoulder and neck complaints. MTUS recommends 9-10 sessions to address the patient wrist, shoulder and neck pain. The treater's request for 18 sessions exceeds what is recommended by MTUS. Recommendation is for denial. The physical therapy 3 x 6 (18 sessions) is not medically necessary.

**URINALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** This patient presents with neck, bilateral wrist, bilateral shoulder, and low back pain. The treating physician is requesting a urinalysis. Medical records indicate the patient's medication regimen includes Flexeril 7.5 mg, Naprosyn 550 mg, and Prilosec 20 mg. This patient is not noted to be on any opioids. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. The ODG recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, medical records document the patient had a drug screen on 08/29/2013 which was consistent with the medication prescribed. The treating physician in his Request for Authorization dated 09/26/2013 requests another UDS. ODG recommends once yearly screening for low risk patients. Recommendation is for denial. The Urinalysis is not medically necessary.

**PRILOSEC 20MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk. Decision based on Non-MTUS Citation drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 69.

**Decision rationale:** This patient presents with neck, bilateral wrist, bilateral shoulder, and low back pain. The treating physician is requesting Prilosec 20 mg #90. The MTUS Guidelines, pages 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although the treating physician does not provide a discussion regarding any GI assessment in recent progress reports, a review of the 06/18/2013 AME report reveals the patient has a long history of GERD and chronic peptic ulcer disease since 2008. The requested Prilosec is medically necessary and recommendation is for approval.

**FLEXERIL 7.5MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

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

**Decision rationale:** This patient presents with neck, bilateral wrist, bilateral shoulder, and low back pain. The treating physician is requesting Flexeril 7.5mg #90. The MTUS guidelines, page 64, states "Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." In this case, a short course of Cyclobenzaprine may be indicated for patient's muscle spasms. But the treating physician is requesting this medication for long term use. The requested Cyclobenzaprine #90 is not medically necessary and recommendation is for denial.

**TOPICAL TREATMENT: KETOPROFEN, GABAPENTIN, AND TRAMADOL:** 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 Analgeiscs, Page(s): 111, 112.

**Decision rationale:** This patient presents with neck, bilateral wrist, bilateral shoulder, and low back pain. The treating physician is requesting a compound cream containing ketoprofen, gabapentin and tramadol. The MTUS Guidelines, page 111, has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines page 112 supports the use of topical NSAIDs for peripheral joint arthritis or tendinitis which this patient hashowever, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS Guidelines further states this agent is not currently FDA approved

for topical application.  "It has an extremely high incident of photocontact dermatitis." Recommendation is for denial.