

Case Number:	CM13-0045827		
Date Assigned:	12/27/2013	Date of Injury:	12/21/2011
Decision Date:	10/31/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of massage therapy; sleep aids; and extensive periods of time off of work. In a Utilization Review Report dated October 29, 2013, the claims administrator denied a request for Motrin, Prilosec, Ambien, Tramadol, massage therapy, and physical therapy. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2013, the applicant reported persistent complaints of neck pain, mid back pain, and low back pain. The applicant was reportedly using Motrin, Tramadol, Omeprazole, and Ambien. The note was, at times, incongruous as one section of the note stated that the applicant was "working regular duty" while another section of the note stated that the applicant should "remain off of work." Massage therapy and physical therapy were endorsed. Motrin, Prilosec, tramadol, and Ambien were also apparently refilled. It was stated that Omeprazole was being employed for gastro protective purposes. The applicant was 42 years old, it was noted, as of this date. There was no explicit discussion of medication efficacy. In an earlier note dated January 17, 2013, the applicant was again given refills of Motrin, Prilosec, Ambien, and Tramadol. The applicant was again asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not stated how (or if) ongoing usage of ibuprofen has proven beneficial here. The fact that the applicant remains off of work, on total temporary disability, and remains dependent on opioid agents such as tramadol, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The attending provider has indicated that he intends for the applicant to employ Omeprazole for gastro protective purposes. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, those individuals who are at heightened risk for gastrointestinal events and, by implication, those who could employ gastrointestinal prophylaxis with proton pump inhibitors include applicants who are 65 years of age who are using NSAIDs, applicants who have a history of peptic ulcer disease, GI bleeding, or perforation who are using NSAIDs, applicants who are concurrently using NSAIDs, and/or corticosteroids, and/or applicants who are using multiple NSAIDs. In this case, however, the applicant is only using one NSAID, Ibuprofen. The applicant was 42 years old (less than 65) as of the date of the request. There was no mention of the applicant using any corticosteroids and no mention of the applicant's having a history of prior GI bleeding or GI perforation. Therefore, the request is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zolpidem (Ambien) is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, the applicant has been using Ambien for what appears to be a span of several months, at a minimum. This is not an FDA-endorsed role for Ambien. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

Tramadol 50mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. The applicant is off of work, on total temporary disability. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Massage therapy twice a week for five weeks: Upheld

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

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

Decision rationale: The 10-session course of massage therapy, proposed, in and of itself, represents treatment in excess of the four- to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that massage therapy should be an adjunct to other recommended treatments, such as exercise. In this case, however, there is no

evidence that the applicant is actively participating in any kind of exercise program. The applicant is off of work, on total temporary disability. The applicant does not appear to be intent on using the request for massage therapy as an adjunct to functional restoration and/or home exercises. Therefore, the request is not medically necessary.

Physical therapy twice a week for five weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: While the 10-session course of physical therapy proposed is in-line with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant has had prior unspecified amounts of physical therapy over the course of the claim. There has, however, been no demonstration of functional improvement with earlier treatment. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.