

Case Number:	CM13-0046038		
Date Assigned:	12/27/2013	Date of Injury:	11/05/1998
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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 and knee pain reportedly associated with an industrial injury of November 5, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; anxiolytic medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for chiropractic manipulative therapy, denied a request for physical therapy, partially certified 60 tablets of Norco, partially certified a onemonth supply of Voltaren, partially certified Xanax, approved Lunesta, approved Prilosec, approved Zanaflex, approved Zoloft, denied a muscle stimulator, denied laboratory testing, and denied a follow-up visit. The claims administrator stated that a follow-up visit every three to four months should suffice. The claims administrator, it is incidentally noted, cited several non- MTUS Guidelines, including several third edition ACOEM Knee and Ankle Chapter citations which were incorrectly cited as having been incorporated into the MTUS. The applicant's attorney subsequently appealed. In a clinical progress note of September 19, 2013, the applicant presented with chronic low back, shoulder, neck, ankle, and heel pain with derivative GI upset, depression, and anxiety. The applicant's pain level ranges from 4/10 with medications to 7-8/10 without medications. Limited range of motion about multiple body parts is appreciated. The applicant is described as having occult hematuria despite having ceased NSAID usage. Additional workup in the form of laboratory testing is endorsed. The applicant is asked to remain off of work, on total temporary disability, while pursuing additional manipulative therapy and physical therapy. The attending provider writes that the additional manipulative therapy and physical therapy were endorsed by a medical-legal evaluator. It is further stated that the applicant is pending shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy can be employed every four to six months in applicants who have acute flares of chronic pain who have demonstrated treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant is off of work, on total temporary disability. He has failed to achieve and/or maintain return to work status despite having completed manipulative therapy at an earlier point in the life of the claim. Accordingly, the request for additional unspecified amounts of chiropractic manipulative is not certified.

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the frequency of physical therapy treatment should be tapered over time, with emphasis on active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of injury. In this case, the attending provider has not clearly stated how much therapy is being endorsed, nor the attending provider stated what the goals of further treatment are. The applicant is off of work and apparently has no intention of returning to work. The applicant is apparently contemplating shoulder surgery, further suggesting the failure of conservative treatments in the form of physical therapy. Finally, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a physical therapy prescription which clearly states treatment goals. In this case, however, the attending provider has not clearly stated treatment goals, nor has the attending provider furnished a clear frequency or duration of treatment. Therefore, the request is not certified, for all of the stated reasons.

PRESCRIPTION OF NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section 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 as a result of the same. In this case, however, the applicant has failed to return to work. While the attending provider has suggested that the applicant's pain levels have dropped from 7-8/10 without opioids to 4/10 with opioids, the attending provider has not clearly established which activities of daily living have specifically been ameliorated as a result of ongoing opioid therapy. The attending provider has not clearly stated how ongoing opioid therapy has facilitated the applicant's performance of non-work activities of daily living. Therefore, the request for Norco remains not certified, on Independent Medical Review.

PRESCRIPTION OF DICOFENAC IE VOLTAREN EC 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic and the Nsaid-Specific Drug List And Adverse Effects Topic.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that antiinflammatories such as Diclofenac do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, the applicant does not appear to have affected any lasting benefit or functional improvement through ongoing usage of Diclofenac. The applicant is off of work, on total temporary disability. The applicant has multifocal pain complaints. The applicant remains highly reliant on various medications and other forms of medical treatment. It is further noted that page 70 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that NSAIDs can heighten an individual's predisposition toward bleeding and if the applicant has complaint of hematuria. Discontinuing Diclofenac, then, does appear to be more appropriate than continuing the same, particularly given the issues with hematuria and the applicant's lack of functional improvement with prior usage of the same. Accordingly, the request is not certified, on Independent Medical Review.

PRESCRIPTION OF XANAX 0.25MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, Xanax, a benzodiazepine anxiolytic, is not recommended for chronic or long-term use purposes, for pain, anxiety, spasm, muscle relaxant effect or anticonvulsant effect. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary along with the request for authorization so as to try and offset the unfavorable MTUS recommendation. It is further noted that the applicant does not appear to have affected any lasting benefit through prior usage of Xanax. The applicant remains off of work. The applicant continues to have ongoing issues with depression and anxiety. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.

MUSCLE STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context. It is not recommended in the chronic pain context present here. Therefore, the request is likewise not certified, on Independent Medical Review.

BLOOD WORK WITH COMPREHENSIVE METABOLIC PANEL, COMPLETE BLOOD COUNT(CBC), URINALYSIS (UA) WITH DIP STICK AND MICROSCOPIC AS WELL AS URINE CULTURE AND SEDIMENTATION RATE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs chronically include periodic assessment of the CBC, renal function testing, and hepatic function testing. In this case, the applicant is using at least one NSAID, Diclofenac. It is further noted that page 208 of the MTUS-adopted ACOEM Guidelines in Chapter 9 notes that ESR and CBC can be useful to screen for inflammatory processes or sources of joint pain. In this case, the applicant does have multifocal joint pain. The applicant also has issues with hematuria. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Algorithm 12-1, urinalysis can be performed in individuals in whom cancer or an infectious process is suspected. In this case, as suggested by the attending provider, the applicant's complaints of hematuria do warrant further workup and laboratory testing. Accordingly, the request is certified, for all of the stated reasons.

FOLLOW UP IN 6 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work, on total temporary disability. More frequent follow-up visits are therefore indicated, particularly since additional laboratory testing has been endorsed. The applicant should follow up with the attending provider to obtain the results of the laboratory testing and have his work status reassessed. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.