

Case Number:	CM13-0050820		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2001
Decision Date:	09/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

A 51year old female injured worker with date of injury 12/8/01 with related right knee, neck, and low back pain. Per progress report dated 4/25/14, the injured worker indicated that she had pain with activities of daily living. She noted numbness and tingling of the right upper extremity and lower extremity. She had radiating pain extending through the left lower extremity down to the foot. She had weakness in the right lower extremity. Per physical exam, tenderness to palpation over the paravertebral and trapezial musculature bilaterally with spasm was noted. Straight leg raising test in the seated position produced pain in the lumbar spine bilaterally extending into the right thigh. Imaging studies were not available for review. Treatment to date has included surgery, physical therapy, aquatic therapy, and medication management. The date of UR decision was 10/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR DORAL 15MG, #30 DISPENSED BETWEEN 10/11/2013 AND 10/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN(CHRONIC).

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

Decision rationale: With regard to Benzodiazepines, MTUS CPMTG states "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per the documentation submitted for review, the injured worker complained of difficulty sleeping on the 8/2/13 progress report and was prescribed Ambien. On the progress report dated 10/11/13, Ambien was discontinued and Doral was prescribed and dispensed in its place, however, there was no discussion of continued insomnia per this progress report. There was no information regarding sleep onset, sleep maintenance, and sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

1 PRESCRIPTION FOR FEXMID 7.5MG, #60 DISPENSED BETWEEN 10/11/2013 AND 10/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN(CHRONIC).

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Fexmid: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review indicates that Fexmid was in use since as early as 4/2013. As it is recommended for short-term use, the request is not medically necessary. The documentation submitted for review indicates that Fexmid was in use since as early as 4/2013. As it is recommended for short-term use, the request is not medically necessary.

1 PRESCRIPTION FOR PRILOSEC 20MG, #60 DISPENSED BETWEEN 10/11/2013 AND 10/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN(CHRONIC).

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed.

1 PRESCRIPTION FOR TYLENOL #3 300/30MG, #60 DISPENSED BETWEEN 10/11/2013 & 10/11/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN(CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal neither documentation to support the medical necessity of Tylenol with Codeine nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and

document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Tylenol with Codeine was dispensed on 8/2/13, and there was no documentation on the following 10/11/13 progress report of significant pain relief or functional improvement. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The request is not medically necessary.

1 PRESCRIPTION FOR ANAPROX DS 550MG, #60 DISPENSED BETWEEN 10/11/2013 & 10/11/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN(CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The MTUS CPMTG states with regard to NSAIDs and back pain: "Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. "I respectfully disagree with the UR physician. As per the latest applicable progress report, the injured worker continued complaining of pain in her back and pain in her knee. The MTUS does not mandate documentation of functional improvement for the ongoing use of NSAIDs. The request is medically necessary.

12 POST-OP THERAPY SESSIONS(THROUGH [REDACTED]): 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).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Per the ODG physical medicine guidelines: ODG Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):Medical treatment: 9 visits over 8 weeksPost-surgical (Meniscectomy): 12 visits over 12 weeksUpon review documentation submitted, the injured worker had already received 8 sessions of physical therapy of twelve sessions certified per the 10/11/13 progress report. As the documentation does not specify the nature of the injured worker's knee surgery, medical necessity of further physical therapy sessions cannot be affirmed. The request is not medically necessary.

1 ERGONOMIC EVALUATION OF WORKSTATION BETWEEN 10/11/2013 & 12/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175-176.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back, Ergonomics interventions.

Decision rationale: Per ODG TWC with regard to ergonomic interventions: "Recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary (some literature support in low back though conflicting evidence, lack of risk). This study concluded there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of LBP."The documentation submitted for review does not support the medical necessity of the request. The UR physician noted that an ergonomic evaluation has previously been authorized. It is not clear if the previous ergonomic evaluation was performed or not. With documentation lacking regarding the previous request and this one, medical necessity cannot be affirmed. The request is not medically necessary.