MAXIMUS Federal Services

Case Number:	CM13-0054644		
Date Assigned:	01/15/2014	Date of Injury:	09/20/1996
Decision Date:	06/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice, 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 injured worker is a 63 year old female injured on 09/20/96 while performing her normal job duties. The exact mechanism of injury was not specified in the clinical documentation. Current diagnoses included chronic pain, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, myositis/myalgia, left sided trochanteric bursitis, diabetes mellitus, hypertension, obesity, obstructive sleep apnea, and vitamin D deficiency. The injured worker received ongoing care for low back pain aggravated by activity and walking rated 6-7/10 with medication and 8/10 without. Physical examination revealed spasm bilaterally in paraspinal muscles with cervical spine, tenderness in paravertebral area upon palpation, decreased sensation bilaterally in C5-7. Physical examination of the lumbar spine revealed spasm bilaterally in paraspinous musculature, tenderness to palpation of bilateral paravertebral areas L4-S1, pain significantly increased with flexion/extension, and facet signs bilaterally. The injured worker was recommended aqua pool therapy for four weeks, and prescribed Neurontin, vitamin D, Tizanidine 2mg Q8 hours, Effexor 37.5mg, naproxen 500mg, mega, omeprazole 20mg, and multiple other medical related medications. The initial request for Norco 10/325mg #120, Medrox ointment 120g #1, Zanaflex 4mg #60, one ortho consultation with upper extremities specialist, eight pool therapy sessions, and Anaprox 550mg was initially non-certified on 11/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 MG, #120 cannot be established at this time.

MEDREX OINTMENT 120 GM, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics, Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Medrex Ointment 120 GM, #1cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

ZANAFLEX 4 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, Muscle relaxants (for pain), Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks)

treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Zanaflex 4 MG, #60 cannot be established at this time.

1 ORTHO CONSULTATION WITH UPPER EXTREMITIES SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 11, 265

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Current ACOEM guideliens indicate patients with potentially work-related low back disorders should follow-up every 3 to 5 days with a health care provider who can offer counsel regarding bed rest, static positions or inactivity, medication use, activity modification, a good prognosis, and other concerns. Typically, this will be no later than 1 week into the acute pain period. At the other extreme, in the stable chronic LBP setting, follow-up may be infrequent, such as every 6 months. There is no indication in the documentation the intent for consultation. The injured worker has not suffered an acute injury nor had an exacerbation of chronic injury requiring reevaluation. As such, the request for 1 ortho consultation with upper extremities specialist cannot be recommended as medically necessary.

8 POOL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), AQUATIC THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, Aquatic therapy, Page(s): 22.

Decision rationale: As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no indication in the documentation the reason for aquatic therapy, the modalities to be utilized and issues to be addressed. Additionally, there is no indication in the documentation that the injured worker is obese and would benefit from aquatic therapy. As such, the request for 8 pool therapy sessions cannot be recommended as medically necessary at this time.

ANAPROX 550 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), NON STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDs),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, NSAIDs, specific drug list & adverse effects.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Anaprox 550 MG cannot be established as medically necessary.