

Case Number:	CM13-0063086		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2013
Decision Date:	05/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 37 year old female who was injured on 03/06/2013. Her pain came on gradually rather than from a specific traumatic incident. Her job involved a great deal of repetitive movement as well as having to endure a harsh working environment (severe verbal harassment). Prior treatment history has included outpatient comprehensive pain management program, biofeedback, aquatic rehab, relaxation training, acupuncture with limited improvement, and medication management. She has had good compliance with the treatment. A PR-2 dated 11/20/2013 indicated the patient presented with complaints of frequent pain in her head which she rated as 6/10; frequent pain in her shoulders, rated as 7/10. She also complained of numbness. She had frequent pain in her wrists with numbness, rated as 7/10. She complained of frequent pain in her hands rated as 7/10; frequent pain in her fingers and thumbs, rated as 7/10 and frequent pain in her neck, rated as 7/10. She reported constant, moderate-to-severe pain which she rated between 7 and 8/10, with associated stiffness in the neck, radiation down bilateral shoulders, hands, and fingers. The pain in her lower back, she rated as 7/10, traveling down into the lower extremity. She noted giving way and weakness of the right and left lower extremity. She continued to have sleep difficulty which, in turn, has caused a psychological and emotional reaction. She noted episodes involving anxiety and shortness of breath. Objective findings on exam noted the patient to be overweight. She ambulated normally. Examination of the upper extremities revealed non-specific tenderness to palpation in both hands. The shoulder revealed nonspecific tenderness to palpation bilaterally. Range of motion was normal bilaterally. The wrists revealed nonspecific tenderness to palpation bilaterally. Range of motion of the wrists was normal bilaterally. The cervical spine reflexes for the biceps, triceps, and brachioradialis were normal bilaterally. The patient had no loss of sensibility, abnormal sensation, or pain. At all cervical levels, palpation revealed slight paraspinal tenderness bilaterally. Range of motion of the

cervical spine was within normal limits. The thoracic spine exam was normal. On examination of the lumbar spine, reflexes were normal bilaterally. The patient had no loss of sensibility, abnormal sensation, or pain. At all levels of the lumbar spine, palpation revealed slight paraspinous tenderness bilaterally. Range of motion of the lumbar spine was normal. The patient was diagnosed with Unspecified sleep disturbance; anxiety state unspecified; displacement of cervical intervertebral; disc without myelopathy; thoracic sprain, lumbar sprain; headache; sprain of unspecified site of shoulder and upper arm; pain in joint involving forearm; and pain in joint involving hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Page(s): 41 and 64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. The medical necessity for Flexeril is not established.

MEDROX OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical, Capsaicin, Salicylate, Menthol..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical, Salicylate Topicals/Topical Analgesics, Page(s): 28-29, 105 and 111-113.

Decision rationale: According to the references, Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that she is prescribed oral medications. In addition, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that any compounded medication that contains at least one drug that is not recommended would not be recommended. Due to the presence of

components not supported by guidelines, the request for Medrox ointment is not medically necessary.

A REFILL OF NAPROXEN 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: According to the CA MTUS guidelines, Naproxen, an NSAID, is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. In the absence of objective functional improvement, a refill of naproxen is not supported by the medical literature. The medical necessity for naproxen has not been established.

A REFILL OF OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, Page(s): 68-69.

Decision rationale: According to the CA MTUS guidelines, PPIs, such as Omeprazole, are recommended if the patient is at risk for gastrointestinal events. Risk factors include: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In the absence of documented GI distress, any history of GI bleeding concurrent use of ASA, corticosteroid and/or anticoagulant, or high dose or multiple NSAID, or any other factor that would constitute high risk, the request is not medically necessary according to the guidelines.

PERCOCET 7.5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain, Osteoarthritis..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Opioids Specific Drug List, Page(s): 74-80 and 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note that opioids, such as Percocet may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. The medical necessity of Percocet has not been established.

HOME EXERCISE INCLUDING [REDACTED] PROGRAM: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand Chapter, Low Back Chapter, Gym Memberships.

Decision rationale: According to the CA MTUS guidelines, with physical therapy, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The ODG references indicate that gym membership are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The patient's treatment has included therapy. At this juncture, it is reasonable that the patient be well versed in a self-directed home exercise program. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. Access to memberships to gyms and health clubs and the like, are not generally considered medical treatment. The request for HEP with [REDACTED] Program is not medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physician , Clinical Practice Guidelines, Pharmacologic and Surgical Management of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Weight Reduction Medications and Programs found at http://www.aetna.com/cpb/medical/data/1_99/0039.html and http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt.

Decision rationale: The medical records do not document the patient's current weight, height and BMI. In addition the medical records do not denote any attempts made by the patient to manage her weight or decrease weight on her own. The references suggest a clinician supervised weight loss program may be considered when certain criteria have been met. However, the medical records also do not establish failure to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and has BMI of at least 30. The medical necessity for consideration of a weight loss program has not been established. The medical records do not establish this patient is unable to adopt a low-calorie diet and exercise program on her own, which would be equally efficacious. The medical necessity of the request for weight loss program has not been established.

MOIST HEAT TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 44, 173-174. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Heat Therapy.

Decision rationale: According to ACOEM guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. According to the ODG, at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs is recommended. Simple at home applications of heat can suffice for delivery of heat therapy. The request of moist heat treatment is not supported by the guidelines. The request for moist heat treatment is not medically necessary.

BASELINE URINE TEST AND URINE TOXICITY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Red Flags of Addiction..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Indicators For Addiction Page(s): 87-91.

Decision rationale: According to the guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The guidelines recommend periodic urine drug screening for patients maintained on opioid therapy regimen. However, ongoing opioid therapy was not supported by the medical records. The medical necessity of Percocet has not been established. In absence of continued opioid therapy, urine test and toxicity screening is not medically necessary.