

Case Number:	CM13-0065020		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2005
Decision Date:	04/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in Florida. 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 physician 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:

This is a 62-year-old male patient with a date of injury of 01/12/2005. The mechanism of injury was not provided. The treating physician's impression on 11/14/2013 was cervical radiculopathy; right shoulder impingement syndrome; anxiety reaction; chronic pain syndrome; fibromyalgia; sleep disorder. The patient has presented with aggravating lower back symptoms, as well as to bilateral knees. Past conservative treatment has consisted of acupuncture, massage therapy, TENS unit, and aquatherapy, which the patient reported has alleviated neck pain, but not the back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: Then CA MTUS Guidelines state "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of

positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The request for acupuncture 3 times a week for 4 weeks for the lower back is non-certified. It is noted in the PR-2 report of 11/14/2013, the patient has had acupuncture; and the CA MTUS Guidelines do recommend acupuncture for the treatment of chronic pain. They recommend a trial of 6 visits over 2 weeks. Elective and maintenance care is not recommended. If there are reoccurrences or flare-ups, there needs to be a re-evaluation. The documentation submitted for review did not provide the number of past acupuncture sessions, as well as the response to the treatment nor a re-evaluation. As such, the request is non-certified.

Orphenadrine ER 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 65.

Decision rationale: The CA MTUS Guidelines state "Orphenadrine: this drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day." The request for orphenadrine ER 100 mg #60 is non-certified. Given that the patient presents with lower back pain, but has undergone past acupuncture, massage therapy, aquatherapy, TENS unit, and the CA MTUS Guidelines do recommend the medication for its anticholinergic effects, the documentation provided for review did not suggest nor provide evidence that the patient required anticholinergic medications, as well as the information did not indicate the term of use and its effectiveness; as such, the request is non-certified.

Omeprazole DR 20mg, #30: 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 & Cardiovascular Risk Sections Page(s): 68.

Decision rationale: The CA MTUS Guidelines state "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 µg 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)." The request for omeprazole DR 20 mg #30 is non-certified. The patient's subjective complaints included lower back symptoms, and nothing to suggest that the patient was having any gastrointestinal events. The CA MTUS Guidelines do recommend the medication for gastrointestinal events. Given that the documentation submitted for review did not give any evidence that the patient was having any gastrointestinal upset, as well as the cause of GI upset by the medications taken, the request is non-certified.

Hydrocodone 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Sections Page(s): 75.

Decision rationale: The CA MTUS Guidelines state "Short-acting opioids: also known as "normal release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours." The request for hydrocodone 5/325 mg #60 is non-certified. The patient has presented with aggravation of low back symptoms, and the CA MTUS Guidelines do recommend the medication for chronic pain control. However, the documentation provided did not indicate the term of use, the effectiveness, and the patient's current functional status. Tapering should be individualized, as well as ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. As such, the request is non-certified.