

<b>Case Number:</b>	CM13-0071085		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation 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 an employee of [REDACTED] and has submitted a claim for lumbar facet syndrome and arthropathy, sleep disturbance, depression, and obesity associated with an industrial injury date of May 12, 2003. Treatment to date has included vitamin B12 complex injection, physical therapy, [REDACTED] weight loss program, and medications such as Norco, Prilosec, gabapentin, tizanidine, Exoten-C lotion, Xanax, and Ambien. Medical records from 2012 to 2013 were reviewed showing that patient complained of persistent low back pain radiating to both legs associated with burning sensation in his feet. He reported to lose approximately 14 pounds after the [REDACTED] weight loss program and [REDACTED]. Physical examination revealed tenderness with spasm over the lumbar muscles. Range of motion was restricted on all planes. Patient's weight as of July 2013 was 283 pounds. Utilization review from December 13, 2013 denied the requests for omeprazole 20 mg, #100 because there was no indication that the patient has been taking NSAIDs; Toradol 2 cc injection because it is not indicated for minor or chronic painful conditions; B12 complex 3 cc injection as it is not recommended by the guidelines; and 8 additional [REDACTED] sessions due to lack of evidence to support its program. The request for 16 physical therapy sessions was modified into 8 physical therapy sessions as guidelines indicated 8 to 10 visits only. The request for hydrocodone/apap 10/325 mg, #60 was modified into #30 due to lack of improvement from previous use, thus, quantity was decreased for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 PHYSICAL THERAPY SESSIONS (THROUGH [REDACTED])  
BETWEEN 10/28/2013 AND 3/12/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient already underwent physical therapy; however, the total number of visits, as well as its outcomes is not documented. Patient is expected to be well-versed in an independent home exercise program by now. Furthermore, there is no indication for the requested quantity of sessions. The body part to be treated is likewise not specified. Therefore, the request for 16 PHYSICAL THERAPY SESSIONS ([REDACTED]) BETWEEN 10/28/2013 AND 3/12/2014 is not medically necessary.

**1 PRESCRIPTION FOR HYDROCODONE/APAP 10/325MG, #60, (THROUGH [REDACTED])  
BETWEEN 10/28/2013 AND 3/12/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO (HYDROCODONE/APAP); OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, the patient has been taking opioids since 2012. An appeal letter stated that it was essential in managing his symptoms and in increasing his functionality. However, medical record submitted for review did not provide evidence that monitoring of adverse effects was done. Furthermore, the result of urine drug screen dated October 14, 2013 was undisclosed. CA MTUS requires clear and concise documentation for continuing opioid use. Not all of the parameters for monitoring was met. Therefore, the request for PRESCRIPTION FOR HYDROCODONE/APAP 10/325MG, #60, ([REDACTED]) BETWEEN 10/28/2013 AND 3/12/2014 is not medically necessary.

**1 PRESCRIPTION FOR OMEPRAZOLE 20MG, #100 (THROUGH [REDACTED])  
BETWEEN 10/28/2013 AND 3/12/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS, (PPIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Proton pump inhibitors are recommended if a patient has any of the abovementioned risk factors. In the case, Prilosec has been prescribed since March 2013. An appeal letter cited that it was given alongside Norco to prevent the adverse effects of opioids in the gastrointestinal tract. Furthermore, patient had a gastroenterologist consultation on March 21, 2013. At that time, patient reported of abdominal discomfort, heartburn, bloating, and with occasional rectal bleeding. Objective findings of the abdomen were unremarkable. The impression was GERD, hemorrhoids, and peptic ulcer disease. Treatment plans included colonoscopy and upper endoscopy. However, the most recent progress reports starting from April 2013 up to the present did not document persistence of the gastrointestinal symptoms. It is likewise unknown if the recommended procedures were completed. The medical necessity has not been established. Therefore, the request for PRESCRIPTION FOR OMEPRAZOLE 20MG, #100 (THROUGH [REDACTED] BETWEEN 10/28/2013 AND 3/12/2014 is not medically necessary.

**1 TORADOL 2 CC INJECTION BETWEEN 10/28/2013 AND 10/28/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TORODOL. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), PAIN CHAPTER

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TORODOL Page(s): 72.

**Decision rationale:** As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG Pain Chapter further states that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, the patient has been taking hydrocodone/apap (Norco) at the time when he received Toradol injections in the past, thus, this was prescribed not as an alternative medication, but rather, as an adjunct to treatment which is not recommended by the guidelines. Furthermore, patient has been complaining of low back pain as far back as 2003. Toradol is not indicated for chronic conditions. The guideline criteria were not met. Therefore, the request for 1 TORADOL 2 CC INJECTION BETWEEN 10/28/2013 AND 10/28/2013 is not medically necessary.

**1 B12 COMPELX 3CC INJECTION BETWEEN 10/28/2013 AND 10/28/2013: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, VITAMIN B.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Pain chapter, was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. There was previous B12 injection in 2013. However, there is no documentation of benefits derived from this injection. In addition, there is no evidence to support this therapeutic modality. Therefore, the request for 1 B12 COMPLEX 3CC INJECTION BETWEEN 10/28/2013 AND 10/28/2013 is not medically necessary.

**8 ADDITIONAL [REDACTED] SESSIONS BETWEEN 10/28/2013 AND 3/12/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SCOTTISH INTERVOLLEGIATE GUIDELINES NETWORK (SIGN). MANGEMENTNE OF OBESITY. A NATIONAL CLINICAL GUIDELINE. EDINBURGH (SCOTLAND): SCOTTISH INTERCOLLEGIATE GUIDELINES NETWORK (SIGN); 2010, FEB 96. P. (SIGN PUBLICATION; NO. 115).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA CLINICAL POLICY BULLETIN NO. 0039 WEIGHT REDUCTION MEDICATIONS AND PROGRAMS.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. It states that the criteria for the usage of weight reduction programs includes individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient is noted to have hypertension and dyslipidemia. He reported to lose approximately 14 pounds after the [REDACTED] weight loss program and [REDACTED]. Patient's weight as of July 2013 was 283 pounds. However, there was no documentation regarding data on height, thus, body mass index cannot be derived. The medical necessity of continuing this program has not been established pending the completion of medical records. Furthermore, there has been no discussion concerning lifestyle modifications. Therefore, the request for 8 ADDITIONAL [REDACTED] SESSIONS BETWEEN 10/28/2013 AND 3/12/2014 is not medically necessary.