

<b>Case Number:</b>	CM14-0005889		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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, 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:

This is a patient with a date of injury of 3/6/13. A 12/14/13 medical report identifies neck pain 8/10 with radiating pain to bilateral upper extremities with numbness and stiffness. There is also low back pain 8/10 with radiating pain to the bilateral lower extremities and accompanied by weakness. The patient also complains of frequent debilitating headaches as well as stress and anxiety secondary to pain. On exam, there is limited cervical spine range of motion (ROM) with pain, limited lumbar spine ROM with pain, and straight leg raise with pain radiating to left and right posterior legs. Recommendations include Xanax, Norco, home exercises including [REDACTED] program, acupuncture, relaxation techniques, moist head treatments, follow-up with psychologist for anxiety and depression, baseline urine test to assess kidney and liver functions, and a urine toxicity screen to determine if there are any toxic drug levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE REFILL OF PERCOCET 7.5/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

**Decision rationale:** Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet is not medically necessary.

**ONE 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 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale), or any objective functional improvement to support long-term use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested naproxen is not medically necessary.

**ONE REFILL OF OMEPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for Omeprazole, the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.

**CONTINUE HOME EXERCISE INCLUDING [REDACTED] PROGRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for continue home exercise including [REDACTED] program, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. 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 a risk of further injury to the patient. Within the documentation available for review, while the guidelines do support and encourage the use of an independent home exercise program, the addition of a gym program is not supported as there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested continue home exercise including [REDACTED] program is not medically necessary.

**CONTINUE WEIGHT LOSS PROGRAM BETWEEN 11/16/2013 AND 02/09/2014:**  
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 Other Medical Treatment Guideline or Medical Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

**Decision rationale:** Regarding the request for a weight loss program, the CA MTUS and the ODG do not address the issue. A search of the national library of identified an article entitled systematic review: an evaluation of major commercial weight loss programs in the United States. This article noted that, with the exception of 1 trial of Weight Watchers, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities, nor does it identify weight loss from the program to date. In light of the above issues, the currently requested weight loss program is not medically necessary.

**CONTINUE MOIST HEAT TREATMENTS BETWEEN 11/16/2013 AND 02/09/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for moist heat treatments, the CA MTUS, ACOEM, and the ODG do support the use of simple cold and hot packs in the management of pain. Within the documentation available for review, there is no clear rationale identifying the medical necessity of specialized moist heat treatments rather than the application of simple hot packs in the home. Furthermore, there is no indication of efficacy of prior treatment with significant pain relief, objective functional improvement, decreased pain medication usage, etc. In the absence of such documentation, the currently requested moist heat treatments are not medically necessary.

**BASELINE URINE TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, STEPS TO AVOID MISUSE/ADDICTION.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>.

**Decision rationale:** Regarding the request for baseline urine test, the California MTUS and the ODG do not address this issue. Urinalysis is supported as a screening and/or diagnostic tool to help detect substances or cellular material in the urine associated with different metabolic and kidney disorders as well as urinary tract infections and other disorders of the urinary tract. Within the documentation available for review, the provider notes that the test is intended to assess kidney and liver functions, but the provider had been treating the patient for some time at the time of the request and the date and results of prior liver and kidney function testing is not provided along with a rationale for the proposed frequency of testing. In the absence of such documentation, the currently requested baseline urine test is not medically necessary.

**BASELINE URINE TOXICITY SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, STEPS TO AVOID MISUSE/ADDICTION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a baseline urine toxicity screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. The Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider had been treating the patient for some time at the time of the request and the date and results of prior urine drug screening is not provided. There is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested baseline urine toxicity screen is not medically necessary.