

Case Number:	CM14-0006327		
Date Assigned:	02/07/2014	Date of Injury:	08/29/2010
Decision Date:	06/30/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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:

Patient is a 51-year-old male who has submitted a claim for lumbar strain/sprain, ischial bursitis, piriformis syndrome, hip pain, ankle sprain, and chronic pain syndrome associated with an industrial injury date of 08/29/2010. Medical records from 2012 to 2013 were reviewed. Patient complained of back pain, graded 7 to 8/10 in severity, radiating to the left lower extremity, associated with numbness. Patient likewise experienced cervical pain radiating to the right upper extremity. Pain was aggravated by standing, walking, and sitting. The most recent progress reported cited that patient was able to walk for 5 to 10 minutes, and sit from 10 to 15 minutes. Patient likewise complained of heartburn symptoms. Physical examination revealed tenderness at both shoulders and cervical area. Range of motion of both shoulders was painful. Treatment to date has included physical therapy, left ankle steroid injections, massage therapy, use of a TENS unit, and medications such as cyclobenzaprine, Norco, naproxen, docusate sodium, omeprazole, pantoprazole, Senokot, and topical creams. Utilization review from 01/06/2014 denied the requests for pain psychological consult for 8 additional visits because previous utilization review had already certified this request; the cyclobenzaprine 7.5 mg, #90 since the long-term use is not recommended; naproxen 550 mg, #60 and pantoprazole 20 mg, #30 because the risk versus benefits analysis from its use was unclear; Docusate 8.6 mg, #100 because there are no reports of constipation; and Topamax 50 mg, #60 because there was no discussion why a first-line pain medication was not given instead. The request for chiropractic consult 8 visits was modified into a chiropractic consultation because the actual treatment plan would depend on it.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CONSULT 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits to determine extension of therapy. In this case, patient complained of cervical and low back pain with radicular symptoms despite physical therapy and intake of medications. Chiropractic care is a reasonable option at this time. However, the requested number of 8 visits exceeded the guideline recommendation of initial trial of 3 to 6 visits. Moreover, the body part to be treated was not specified. Therefore, the request for chiropractic consult x 8 visits is not medically necessary.

PAIN PSYCHOLOGICAL CONSULT 8 ADDITIONAL VISITS: 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 Section, Office Visits

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, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complains of cervical and back pain and has been seen by a psychologist since 2012. Patient was given medications such as opioids, muscle relaxants, and topical products. Follow-up consultation is necessary to monitor patient's progress with the treatment provided. However, there was no discussion concerning the number of office visits being requested. Therefore, the request for pain psychological consult x 8 additional visits is not medically necessary.

CYCLOBENZAPRINE 7.MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Cyclobenzaprine since November 2012. However, functional improvements derived from its use were not documented. Furthermore, long-term use is not recommended. Therefore, the request for Cyclobenzaprine 7.5MG #90 is not medically necessary.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since November 2012. However, functional improvements derived from its use were not documented. Furthermore, long-term use is not recommended. Therefore, the request for Naproxen 550MG #60 is not medically necessary.

PANTOPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Patients with intermediate risk factors should be prescribed with proton pump inhibitors (PPI). In this case, patient has been on a proton pump inhibitor since 2012 because of heartburn symptoms associated with intake of both opioids and NSAIDs. However, patient is likewise on Omeprazole 20 mg at present; there is no discussion concerning a need to provide two proton pump inhibitors in this case. Therefore, the request for Pantoprazole 20 mg, #30 is not medically necessary.

SENNOSIDE/DOCUSATE 8.6MG #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, patient has been on Norco since 2012. He likewise complained of episodes of constipation. Guideline criteria were met. Therefore, the request for Sennoside/Docusate 8.6MG #100 is medically necessary.

TOPAMAX 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: As stated on pages 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses. In this case, patient's presentation is consistent with neuropathic pain manifesting as cervical pain radiating to the right upper extremity, and lumbar pain radiating to the left lower extremity, associated with numbness. Patient has been on Topamax since July 2013. However, recent progress reports failed to document response to therapy. Guideline criteria for continuing topiramate use were not met. Therefore, the retrospective request for TOPAMAX 50MG #60 is not medically necessary.