MAXIMUS Federal Services

Case Number:	CM14-0007581		
Date Assigned:	02/10/2014	Date of Injury:	05/17/2011
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 48-year-old female with a work injury dated May 17, 2011. Her diagnoses include lumbar myoligamentous injury with left lower extremity radicular symptoms; left sacroiliac joint dysfunction; medication-induced gastritis. The January 28, 2014 primary treating physician progress report states that the patient continues to complain of pain in her lower back and left hip, which is emanating from her left sacroiliac joint. She did undergo a very successful left sacroiliac joint injection on June 13, 2013, which provided at least 50% relief, lasting a good three months with improved mobility and activity tolerance. Unfortunately, her pain has slowly returned. The patient is currently receiving outpatient physical therapy, which has been providing significant relief. She is completing her 12 sessions of outpatient physical therapy and we are requesting additional sessions. The physician documenting this note states that he reviewed a progress report from the treating physical therapist, dated January 23, 2014, stating that the patient is responding favorably to therapy, with improved postural demands with prolonged sitting and standing tolerance, as well as decrease in the level of pain with activity. The patient remains under her current oral analgesic medications, which includes Norco 10/325mg that she takes one to two tablets a day only as needed. She relies mostly on Anaprox DS 550mg, FexMid 7.5mg as well as Dendracin topical analgesic cream, which enables her to actively participate in outpatient physical therapy. She has also been experiencing less GI symptoms while on Prilosec 20mg twice a day .Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally, with increased muscle rigidity. There were numerous trigger points, which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. There was noted muscle guarding with range of motion testing. There are requests for the medical necessity

of 8 physical therapy sessions, retrospective Anaprox, retrospective Fexmid, retrospective Prilosec, retrospective Dendracin, retrospective trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: 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: Eight (8) physical therapy sessions are not medically necessary according to the Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for the patient's condition. The patient has already exceeded this number with 12 visits. The patient should be independent in a home exercise program at this point. Therefore the request is not medically necessary.

RETROSPECTIVE ANAPROX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 69-73.

Decision rationale: Retrospective Anaprox is not medically necessary. According to documentation, the patient has been taking Anaprox for an extended period of time without significant functional improvement or improvement in analgesia. Furthermore, the documentation indicates that the patient has dyspepsia from her medications. The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended for the shortest period of time at the lowest dose. A July 11, 2013 and August 15, 2013 document states that Anaprox only provides temporary relief. Therefore, the request is not medically necessary.

RETROSPECTIVE PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.rxlist.com.

Decision rationale: Retrospective Prilosec is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. The documentation indicates that Prilosec is being utilized for GI protection. The MTUS guidelines state that proton pump risk factors are (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). The Chronic Pain Medical Treatment Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The recent documentation does not indicate any GI complaints. The Prilosec dosing guidelines were reviewed. The patient takes 20mg twice daily and it is unclear from documentation submitted in the absence of any gastrointestinal pathology why the patient needs a twice daily dosing. There has been past documentation of gastrointestinal dyspepsia from medications, however guidelines state that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The documentation indicates that the patient has been on this long term. Furthermore, the request for the NSAID Anaprox was not considered medically necessary. For these reasons, the request for retrospective Prilosec is not medically necessary.

RETROSPECTIVE FEXMID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, (FexMid), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Antispasmodics Page(s): 41; 64.

Decision rationale: Retrospective Fexmid is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has been on FexMid much longer than the 2-3 week recommended limit (dating back to at least July of 2013) without significant functional improvement or significant change in pain level. Therefore, the request is not medically necessary.

RETROSPECTIVE DENDRACIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Menthol ; Topical analgesics Page(s): 105; 105; 111-113.

Decision rationale: Retrospective Dendracin is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. Dendracin Topical contains Methyl Salicylate, Capsaicin, and Menthol USP. According to guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate is recommended by the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines do

not specifically discuss menthol. There is mention of Ben-Gay, which has menthol in it and is medically for chronic pain. Capsaicin topical (0.375%) is not recommended. 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 documentation does not indicate that the patient is intolerant to oral medications. Therefore, the request is not medically necessary.

RETROSPECTIVE TRIGGER POINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Retrospective trigger point injection is not medically necessary according to the Chronic Pain Medical Treatment Guidelines. The patient's diagnoses include lumbar radiculopathy. The MTUS does not recommend trigger point injections in radiculopathy. Futhermore the documentation does not indicate a twitch response on physical examination. The MTUS states that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The request for retrospective trigger point injection is not medically necessary.