

Case Number:	CM14-0106347		
Date Assigned:	08/01/2014	Date of Injury:	06/12/2009
Decision Date:	10/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 injured worker is a 32-year-old male with a reported date of injury of 06/12/2009. The injury reportedly occurred when the injured worker was lifting a 90 pound door. His diagnoses were noted to include lumbago, low back deconditioned, and lumbar radiculopathy. His previous treatments were noted to include chiropractic care, medications, and physical therapy. The progress note dated 06/19/2014 revealed complaints of pain to the low back, upper right leg, and abdomen. The injured worker rated his pain to the low back at 7/10 that radiated down his right leg with numbness and tingling along the outside of that thigh. The abdominal pain was rated 0/10 and bending caused it to hurt. The physical examination of the lumbar spine noted a decreased range of motion and mild paraspinal tenderness to percussion at L3-4. There was a positive left sciatic nerve stretch test in the seated position and positive straight leg raise on the left lower extremity. Sensation was intact to all the toes to light touch and strength was equal bilaterally with resistance. The Request for Authorization dated 06/19/2014 was for 12 sessions of acupuncture, 12 sessions of chiropractic/physiotherapy; however, the provider's rationale was not submitted with in the medical records. the Request for Authorization form dated 06/19/2014 was for 1 urinalysis toxicology screening to make sure the injured worker can safely metabolize and excrete all medications as prescribed; 1 laboratory test to include a complete blood count (CBC), creatine phosphokinase (CPK), C reactive protein (CRP), chem 8, hepatic, and arthritis panel to make sure the injured worker can safely metabolize and excrete all medications as prescribed; tramadol 50 mg #30 for breakthrough pain; and omeprazole 20 mg #30 to protect the gastric mucosa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 sessions of acupuncture is not medically necessary. The injured worker was authorized 6 previous sessions of acupuncture. The Acupuncture Medical Treatment Guidelines state acupuncture is used an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state the frequency and duration of acupuncture with time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. The acupuncture treatments may be extended if functional improvement is documented. There was a lack of documentation regarding previous acupuncture therapy sessions completed as well as functional improvement from previous acupuncture. Additionally, the request for 12 sessions of acupuncture exceeds the guideline recommendations. Therefore, the request is not medically necessary.

Twelve sessions of chiropractic/physiotherapy: 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 Manual therapy and manipulation; Physical medicine Page(s): 58; 98-99.

Decision rationale: The request for 12 sessions of chiropractic/physiotherapy is not medically necessary. The injured worker has received previous chiropractic care treatments. The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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. The guidelines recommend for low back pain, a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend for myositis and myalgia, 9 to 10 visits over 8 weeks. There was a lack of documentation regarding objective functional improvements with previous physical therapy sessions. Additionally, the request for 12 sessions of physiotherapy exceeds the guideline recommendations. Therefore, the request is not medically necessary.

one urinalysis toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Steps to take before a therapeutic trial of opioids Page(s): 43; 77.

Decision rationale: The request for 1 urinalysis toxicology screen is not medically necessary. The injured worker was not receiving medical treatment prior to 06/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or presence of illegal drugs. The guidelines state to consider the use of a urine drug screen to assess or the presence of illegal drugs prior to an opioid therapy trial. The previous request for opioid medication was deemed not medically necessary and therefore a urinalysis toxicology screening is not appropriate. Therefore, the request is not medically necessary.

Tramadol 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health Systems Guidelines for Clinical Care: managing Chronic Non Terminal Pain, including Prescribing Controlled Substances May 2009), page 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids steps to take before a therapeutic trial of opioids Page(s): 76-77.

Decision rationale: The request for tramadol 50 mg #30 is not medically necessary. The injured worker was not receiving medical treatment for the injury. The California MTUS Chronic Pain Medical Treatment Guidelines state the steps to take before a therapeutic trial of opioids is to attempt to determine if the pain is nociceptive or neuropathic. The guidelines state to also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require high doses of opioids, and opioids are not generally recommended as a first line therapy for some neuropathic pain. The guidelines also state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. The guidelines state before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The baseline pain and functional assessment should be made. Function should include social, physical, psychological, and daily and work activities, and should be performed using a validated instrument or numeric rating scale. The pain related assessment should include a history of pain treatment and effect of pain

on function. The guidelines state to assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The guidelines state the patient should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. Once objective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issues concerns exist, a second opinion with a pain specialist or a psychological assessment should be obtained. The physician and surgeon should discuss the risk and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver, or guardian. A written consent or pain agreement for chronic use is not required, but it may make it easier for the physician and surgeon to document the patient education, the treatment plan, and the informed consent. The patient, guardian, and caregiver attitudes about medicines may influence the patient's use of medications for relief from pain. The guidelines also state to consider the use of a urine drug screen to assess for the use or presence of illegal drugs. There was a lack of documentation regarding first line therapy trials prior to prescribing opioid medications. Additionally, there was a lack of documentation regarding the assessment to determine if the pain was nociceptive or neuropathic. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

Omeprazole 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg #30 is not medically necessary. The injured worker has been taking over the counter Aleve. The California MTUS Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years; history of peptic ulcer or gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or using high dose/multiple NSAIDs. There was a lack of documentation regarding gastrointestinal symptoms to warrant omeprazole and additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

One laboratory test to include: complete blood count (CBC), creatine phosphokinase (CPK), C-reactive protein (CRP), Chem 8, Hepatic and arthritis panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedLine Plus:CPK, CRP, Chemistry Profile.

Decision rationale: The request for 1 laboratory test to include: complete blood count (CBC), creatinine (creatinine?) phosphokinase (CPK), C reactive protein (CRP), Chem 8, hepatic, and arthritis panel is not medically necessary. The injured worker complained of back pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) within 6 to 8 weeks after starting NSAID therapy. However, the documentation provided indicated the injured worker was utilizing over the counter Aleve. The CPK test may be used to diagnose a heart attack, evaluate the cause of chest pain, determine if or how badly a muscle is damaged, detect dermatomyositis, polymyositis, and other muscle diseases and to tell the difference between malignant hyperthermia and post-operative infection. The CRP test is a general test to check for inflammation in the body. It is not a specific test which means inflammation is somewhere in the body but it cannot pinpoint the exact location. The Chem 8 is a group of blood tests that provides information about the body's metabolism. There is a lack of documentation regarding arthritis signs and symptoms to warrant an arthritis panel and there was a lack of documentation regarding the length of time the injured worker has been utilizing Aleve to warrant a CBC, chem 8, or hepatic panel. Therefore, the request is not medically necessary.