

Case Number:	CM14-0109953		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2014
Decision Date:	10/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family 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:

This is a 62-year-old female who reported an industrial injury on 5/20/2011 over three (3) years ago, attributed to the performance of her usual and customary job duties. The patient is receiving treatment for the diagnoses of brachial neuritis or radiculitis; derangement of joint shoulder; internal derangement of knee; lumbar radiculopathy; anxiety disorder; and GI disorders. The patient recently reported that there was no significant improvement since her last office visit. The patient had been prescribed Omeprazole; Orphenadrine ER; Medrox pain relief ointment; Zolpidem; Norco; Tramadol; and Naproxen. The objective findings on examination included tenderness to palpation of the cervical paravertebral muscles; spasm; diminished range of motion of the cervical spine; impingement sign positive; lumbar paravertebral muscles tenderness to palpation; spasm; decreased range of motion; SLR reported as positive bilaterally; sensation intact to my: motor strength was 5/5; bilateral knees with the medial joint line tenderness to palpation; McMurray's test positive. The treatment plan included physical therapy directed to the neck low back and right shoulder; an ergonomic chair; Medrox ointment; Orphenadrine ER; and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-PT; back chapter-PT; Knee chapter PT

Decision rationale: The request is for authorization of 12 additional sessions of Physical Therapy to the neck, shoulder and back three (3) years after the DOI (Date of Injury) exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of physical therapy three (3) years after the cited DOI with no documented weakness or muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of 12 sessions of physical therapy for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is documented with no signs of weakness, no significant reduction of ROM (Range of Motion), or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the neck, shoulder, and back three (3) years after the DOI. The patient is not documented to be in HEP (Home Exercise Program). There is no objective evidence provided by the provider to support the medical necessity of the requested 12 sessions of PT over a self-directed home exercise program as recommended for further conditioning and strengthening. The patient is documented to have received prior sessions of PT, chiropractic physiotherapy, and acupuncture. The CA MTUS recommend up to nine (9) sessions of physical therapy over 8 weeks for the shoulder for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over eight (8) weeks for the lumbar/cervical spine rehabilitation subsequent to lumbar/cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence-based guidelines. Therefore, the request of twelve (12) Physical Therapy sessions is not medically necessary and appropriate.

Orphenadrine ER 100mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Norflex (Orphenadrine ER) 100 mg #90 with refill x2 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic neck, shoulder, and back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back. The prescription for Orphenadrine ER is not demonstrated to be medically necessary for the effects of the industrial injury three (3) years ago. The California

MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most neck/back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Orphenadrine. Therefore, the request of Orphenadrine ER 100mg, #90 with 2 refills is not medically necessary and appropriate.

Medrox pain relief ointment with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded

Decision rationale: The prescription for Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm with refill with 2 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS and the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of the topical ointment does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams/patches on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm with refill x2 is not supported by the applicable CA MTUS and ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription of capsaicin topical compounded cream is not

recommended by the CA MTUS for the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm with refill x2 for the treatment of chronic pain. The prescription of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm with 2 refills was not medically necessary for the treatment of the reported chronic pain for the effects of the industrial injury.

Naproxen sodium 550mg #90 , 2refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain and NSAIDs

Decision rationale: The use of Naproxen 550 mg #90 with 2 refills is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC (Over the Counter) NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen 550 mg #90 with 2 refills as prescribed to the patient is not demonstrated to be medically necessary.

Ergonomic chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

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: general disciplinary guidelines for the practice of medicine

Decision rationale: The request for authorization of an unspecified ergonomic chair for the treatment of the effects of the industrial injury with the diagnosis of neck, back, shoulder, and knee pain is not demonstrated to be medically necessary and is not supported with objective medically based evidence. There is no provided evidence that the office chair presently used by the patient is not ergonomic. It is not clear that the present office chair is the issue over the work habits of this patient and her own work hygiene available to eliminate periods of prolonged sitting. Clearly, the employer is able to substitute a general office chair for the current office chair. This is not a DME issue, but is an administrative issue. There is no rationale provided by

the requesting provider as to why a specific ergonomic chair was medically necessary over a general application office chair. There was no specificity to the nature of the prescribed chair as to Manufacturer or Model with an explanation of perceived functional benefit to the patient. There was no rationale that the chair could not be repaired or how it was no longer providing the support expected. The prescription for the "ergonomic chair" is not medically necessary and appropriate.