MAXIMUS Federal Services

Case Number:	CM14-0011830		
Date Assigned:	02/21/2014	Date of Injury:	05/10/2007
Decision Date:	07/23/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/29/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of May 10, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; anxiolytic medications; and a left hip total hip arthroplasty.In a Utilization Review Report dated January 15, 2014, the claims administrator apparently denied a sleep study, physical therapy, manipulative therapy, and several oral and topical medications. The claims administrator did not, however, seemingly incorporate cited guidelines into any of the decision rationales.The applicant's attorney subsequently appealed.On July 12, 2013, the applicant was described as using Norco, Prozac, Xanax, Naprosyn, Prilosec, Cialis, Ambien, and Dendracin. The applicant was described as carrying diagnosis of chronic low back pain, chronic neck pain, chronic mid back pain, depression, anxiety, sexual dysfunction, shoulder pain status post shoulder arthroscopy, left hip pain status post total hip arthroplasty, elbow pain, knee pain, and GERD. The applicant underwent trigger point injections in the clinic. It was stated that the applicant should obtain 12 sessions of chiropractic manipulative therapy and massage therapy as he had not had any manipulative therapy, massage therapy, or physical therapy in the last year. The applicant's work and functional status were not detailed. It was stated that the applicant had gained 25 pounds and was feeling depressed. It was stated that the applicant has had difficulty rehabilitating himself. In another section of the report, it was stated that the applicant had gained 40 pounds. It was state that the medications were improving the applicant's ability to perform activities of daily living; however, these activities of daily living were not quantified or described in any further way.On June 14, 2013, the applicant was described as reporting 8/10 low back pain. It was stated that the applicant had undergone provocative diskography and was

a candidate for multilevel lumbar spine surgery.On August 9, 2013, the applicant received additional trigger point injections. It was stated that the applicant had heightened pain complaints, was anxious, depressed, and was not improving. A variety of medications were refilled. It was stated that the applicant should obtain physical therapy, manipulative therapy, massage therapy as the applicant had not received these treatments in some time. Again, the applicant's work and functional status were not detailed.On a January 23, 2013 progress note, the applicant was described as having ongoing issues with reflux, heartburn, and gastritis, exacerbated by lying down in a flat position, medications, and psychological stress. The applicant was described as using Remeron and Prozac, psychotropic medications, at that point in time. The applicant was still having issues with breakthrough anxiety and panic attacks and was using Valium intermittently, it was acknowledged at that point in time.On December 23, 2013, the applicant was again described as using Remeron, Ambien, Xanax, and Prozac. The applicant was still having issues with depression, anxiety, insomnia, and reportedly severe depression. It was stated that the applicant did receive psychological clearance for spinal cord stimulator evaluation in January 2009 but apparently declined to pursue the same at that point in time, owing to familial constraints.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), sleep studies and polysomnograms are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant in fact has insomnia, anxiety, and depression, either a function of his chronic pain syndrome or a function of his underlying issues with anxiety disorder and depression. A polysomnogram/sleep study would be of no benefit in establishing the presence or absence of psychologically-induced insomnia, as is present here. Therefore, the request for a sleep study is not medically necessary or appropriate.

TWELVE CHIROPRACTIC SESSIONS CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, if return to work is achieved and/or maintained in applicants who have received earlier manipulative treatment, one to two visits are supported every four to six months. In this case, however, the applicant has had extensive amounts of earlier chiropractic manipulative therapy over the life of the claim. There is no evidence that the applicant has achieved and/or maintained successful return to work status despite having completed the same. Therefore, the request for twelve chiropractic sessions for the cervical spine is not medically necessary or appropriate.

PHYSICAL THERAPY FOR THE LUMBAR SPINE, TWICE WEEKLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8,99.

Decision rationale: Chronic Pain Medical Treatment Guidelines does support a general course of eight to ten sessions of treatment for radiculitis, the diagnosis reportedly present here, the Chronic Pain Medical Treatment Guidelines does stipulate that functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has failed to demonstrate any functional improvement as defined by the parameters established in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the life of the claim. The applicant is off of work. The applicant remains highly reliant and highly dependent on various analgesic and adjuvant medications. All of the above, taken together, argue against any functional improvement achieved through earlier physical therapy. Therefore, the request for physical therapy for the lumbar spine, twice weekly, is not medically necessary or appropriate.

NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints appear to be heightened as opposed to reduced, despite ongoing usage of Norco. There is no evidence of the applicant's achieving any lasting improvements in function through ongoing Norco usage. Therefore, the request for Norco 10/325 is not medically necessary or appropriate.

ANAPROX DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 7, 22.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does acknowledged that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for a variety of chronic pain conditions, the Chronic Pain Medical Treatment Guidelines does state that the attending provider should incorporate discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear evidence of any efficacy with ongoing Naprosyn usage. The applicant is off of work. The applicant remains highly reliant and highly dependent on various analgesic, adjuvant, and psychotropic medications, all of which argue against any lasting benefit or functional improvement as defined in MTUS 9792.20f through ongoing Naprosyn usage. Therefore, the request for Anaprox DS 550mg is not medically necessary.

PRILOSEC 20 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was described as having ongoing issues with dyspepsia, reflux, and heartburn, either NSAID-induced or psychologically stressed-induced. Ongoing usage of Prilosec to combat the same is indicated. Therefore, the request for Prilosec 20 mg is medically necessary.

REMERON 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47,402,Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines does acknowledge that it takes weeks for antidepressants to exert their maximal effect, in this case, however, the applicant has been using an antidepressant in question, Remeron, for what amounts to several months. There is no evidence that Remeron has been efficacious. The applicant is off of work. The applicant has gained weight with this and other psychotropic medications, it has been suggested. The applicant is still having issues with

breakthrough anxiety and panic attacks, is waking up at night on multiple occasions. The applicant is still using benzodiazepines. As noted in the Chronic Pain Medical Treatment Guidelines and the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines an attending provider should incorporate discussion of efficacy, comorbidities, and side effects into his choice of recommendations. In this case, however, there is no evidence that Remeron, a psychotropic medication, has been efficacious. The applicant is off of work. The applicant's mental health complaints are heightened despite ongoing Remeron usage. The applicant appears to be developing side effects, including weight gain, with Remeron and/or other medications. All of the above, taken together, suggest that discontinuing Remeron is a more appropriate option than continuing the same. Therefore, the request for Remeron 15mg is not medically necessary.

DENDRACIN TOPICAL ANALGESIC CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: According to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple classes of first-line oral pharmaceuticals effectively obviates the need for what the Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Dendracin. It is further noted that, as with the many other oral and topical medications which the applicant is using, that the attending provider and/or applicant had failed to document any evidence of medication efficacy or functional improvement as defined in section 9792.20f through ongoing usage of the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on multiple other analgesic, adjuvant, opioid, and psychotropic medications. It does not appear that ongoing usage of topical Dendracin has been beneficial in any way. Therefore, the request for Dendracin topical analgesic cream is not medically necessary.

DEEP TISSUE MASSAGE FOR THE LUMBAR SPINE, TWICE WEEKLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, massage should be employed only as an adjunct to otherwise recommended treatment, such as exercise, and should be limited to four to six visits in most cases. The Chronic Pain Medical Treatment Guidelines likewise emphasize active therapy and active modalities during the chronic pain

phase of an injury. In this case, the request to pursue additional massage therapy, thus, runs counter to Chronic Pain Medical Treatment Guidelines principles and parameters. Therefore, the request for a deep tissue massage for the lumbar spine, twice weekly, is not medically necessary or appropriate.

TWELVE SESSIONS OF PHYSIOTHERAPY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 9, 99.

Decision rationale: The twelve session course of treatment, in and of itself, represents treatment well in excess of the eight to ten session course recommended in the Chronic Pain Medical Treatment Guidelines for radiculitis, the issue reportedly present here. In this case, it is further noted that the applicant has had unspecified amounts of physical therapy over the life of the claim and has failed to demonstrate any lasting benefit or functional improvement despite completion of the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various analgesic, adjuvant, and psychotropic medications. Continuing previously tried and failed treatment is not indicated, as the Chronic Pain Medical Treatment Guidelines states that demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. Therefore, the request for twelve sessions of physiotherapy for the cervical spine is not medically necessary.

CONSIDERATION OF SPINAL CORD STIMULATOR TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 101.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a psychological evaluation is recommended prior to pursuit of a spinal cord stimulator trial. In this case, however, the applicant seemingly last underwent a psychological clearance evaluation on January 6, 2009. This is several years removed from the present time. Since that point in time, the applicant's mental health issues have significantly deteriorated. It does not appear that the applicant is, thus, a suitable candidate for a spinal cord stimulator implantation, at least from a mental health standpoint, as no more recent psychological evaluations or psychological clearance reports are on file suggesting the applicant's suitability for the procedure in question. Therefore, the request for the consideration of a spinal cord stimulator trial is not medically necessary.

Psychological Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment topic Page(s): 101.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does recommend psychological treatment in appropriately identified applicants during treatment of chronic pain, in this case, however, the nature of the request is imprecise. It is not clearly stated what is being sought. It is not clearly stated what treatment, treatments, and/or modalities are being sought here. No frequency, duration, and/or amount were attached to the application for Independent Medical Review and/or request for authorization. The request for a psychological treatment is not medically necessary or appropriate.

Orthopedic Referral/Consultation: Overturned

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): 1.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has multifocal pain complaints. The applicant has a variety of orthopedic issues, including neck pain, mid back pain, low back pain, shoulder pain status post shoulder surgery, and hip pain status post total hip arthroplasty. Obtaining the added expertise of an orthopedic surgeon to determine the reason for the previously failed hip and shoulder procedures is indicated. Therefore, the request for an orthopedic referral/consultation is medically necessary.

Urologic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant apparently has ongoing issues with erectile dysfunction, reportedly worsening, despite introduction of Cialis, a 5 phosphodiesterase

inhibitor. Obtaining a consultation with a physician specializing the same, namely an urologist, is therefore indicated. The request for a Urologic Consultation is medically necessary and appropriate.