

<b>Case Number:</b>	CM14-0122269		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 57-year-old male who has submitted a claim for lumbar degenerative disc disease, and left second finger sprain/strain associated with an industrial injury date of 9/13/2012. Medical records from 2013 to 2014 were reviewed. Some of the progress reports were handwritten and somewhat illegible. Patient complained of lumbosacral pain, rated 5/10 in severity, radiating to the lower extremity, associated with numbness and tingling sensation. Patient likewise reported pain at the second digit of left hand, rated 4/10 in severity. Physical examination of the lumbar spine showed tenderness and muscle spasm. Kemp's test was positive bilaterally. Straight leg raise test was negative. Urine drug screen from 2/19/2014 showed undetected levels of medications. Treatment to date has included acupuncture, physical therapy, and medications such as topical creams, Cyclobenzaprine, Naproxen, and Omeprazole (since 2013). Utilization review from 07/10/2014 modified the request for Methoderm Gel into Menthoderml gel 360 gm, #1 because additional certification would require evidence of objective functional benefit; denied Cyclobenzaprine because long-term use was not recommended; denied Omeprazole because simultaneous request for NSAID was non-certified; denied Naproxen because of no objective of functional benefit; denied Consultation X 3 to lumber, finger, hand because of no clear rationale for the request due to limited documentation; denied acupuncture because it was unclear if patient had previously tried and benefited from prior acupuncture; and denied chromatography because there was no documentation detailing the purpose for the drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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, the patient has been on Cyclobenzaprine since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant was not recommended. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the request for Cyclobenzaprine is not medically necessary.

**Omeprazole:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk 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 greater than 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 proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since 2013. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the request for Omeprazole is not medically necessary.

**Naproxen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS 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 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The request also failed to specify dosage and quantity to be dispensed. Therefore, the request for Naproxen is not medically necessary.

**Consultation X 3 to lumber, finger, hand:** Upheld

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

**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 complained of lumbosacral pain, rated 5/10 in severity, radiating to the lower extremity, associated with numbness and tingling sensation. Patient likewise reported pain at the second digit of left hand, rated 4/10 in severity. Physical examination of the lumbar spine showed tenderness and muscle spasm. Kemp's test was positive bilaterally. Straight leg raise test was negative. The treating provider last saw patient on 08/01/2014. Medications were refilled, and patient was recommended to undergo additional physical therapy and acupuncture sessions. Evaluation of patient's treatment response is paramount; hence, need for consultation has been established. However, there was no rationale as to why 3 visits should be certified at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Consultation times 3 to lumber, finger, hand is not medically necessary.

**Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented.

The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. There is no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. Moreover, intended number of sessions and body part to be treated are not specified. Therefore, the request for acupuncture is not medically necessary.

**Chromatography:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** The CA MTUS does not specifically 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) was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, urine drug screen from 07/12/2014 showed undetected levels of medications. However, current treatment regimen includes Norco, Tramadol, Quazepam, Cyclobenzaprine, Naproxen, and Omeprazole. The medical necessity for re-testing using chromatography has been established. Therefore, the request for chromatography is medically necessary.