MAXIMUS Federal Services

Case Number:	CM14-0130867		
Date Assigned:	09/16/2014	Date of Injury:	12/24/2012
Decision Date:	12/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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 this is a 37-year-old female patient who reported an industrial injury on 12/24/2012, almost two (2) years ago, attributed to the performance of her usual and customary job tasks. The patient was noted to continue to complain of stiffness of the cervical spine with headaches; left shoulder pain; stiffness of the lumbar spine radiating into the buttocks; and right knee pain. The patient was prescribed medications. The patient received physical therapy with limited benefit. The patient was noted to have been prescribed 10+ sessions of physical therapy. The objective findings on examination included tenderness to palpation over the para axial musculature was spasms; range of motion of the cervical spine was diminished; left shoulder with tenderness to palpation over the acromion and the supraspinatus tendon; left shoulder impingement testing positive; range of motion of the left shoulder was diminished; weakness to the left shoulder; lumbar spine with tenderness to palpation of the para axial musculature with spasticity; difficulty with toe and heel walking; diminished range of motion to the lumbar spine SLR is positive at 50; right knee with tenderness to palpation over the medial and lateral joint line; McMurray's and Apley's testing positive on the right; range of motion of the right knee was 3-108; decreased sensation over L4, L5, and S1 nerve roots on the right and left. The treatment plan included MRI of the cervical spine; MRI of the lumbar spine to rule out disc herniation; physical therapy; all tram; soma; and Prilosec. The patient was assessed as TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines-Treatment Workers Compensation) Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-MRI

Decision rationale: The request for a MRI of the cervical spine was not supported with objective findings on examination to support medical necessity. The patient is 23 months s/p DOI and has no documented specific neurological or radiculopathy deficits on examination. There was no objective evidence to support the medical necessity of the requested cervical spine MRI. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a MRI of the cervical spine as a screening study to rule out HNP. There are no documented progressing neurological deficits. There is no demonstrated neurological deficits over a dermatome distribution.There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Cervical MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the cervical spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the cervical spine or meet the recommendations of the currently accepted evidence-based guidelines. There is no provided rationale for the MRI of the cervical spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a MRI of the cervical spine.

Physical therapy; twelve (12) sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Neck and Upper Back, Shoulder, Low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300,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 2x6 additional sessions of PT to the neck, knee and back 23 months after the DOI 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 23 months 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 to have received 10+ prior sessions of physical therapy with no sustained functional improvement and only temporary benefit. There is no demonstrated medical necessity for the prescribed PT to the neck, knee, and back 23 months after the DOI. The patient is not documented to be in HEP. 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 CA MTUS recommend up to nine (9) sessions of physical therapy over 8 weeks for the knee for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 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. The request is not medically necessary.

Ultram 50mg twice a day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Tramadol 50 mg #60 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the neck, back, and knee. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for chronic painThe chronic use of Tramadol is not recommended by the CA

MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic pain.The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect."ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also note, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic knee, neck, or back pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol 50 mg #60 as prescribed to the patient is not demonstrated to be medically necessary.

Soma 350mg twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines) Pain Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128,Chronic Pain Treatment Guidelines antispasticity/antispasmotic drugs Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--muscle relaxants and Carisoprodol

Decision rationale: The patient is prescribed Carisoprodol/SOMA 350 mg #60 bid on a routine basis for the treatment of chronic pain and is not directed to muscle spasms on a prn basis. The CA MTUS does not recommend the prescription of Carisoprodol. There is no medical necessity for the prescribed Soma 350 mg #60 for chronic pain or muscle spasms as it is not recommended by evidence based guidelines.The prescription of Carisoprodol is not recommended by the CA

MTUS for the treatment of injured workers. The prescription of CARISOPRODOL as a muscle relaxant is not demonstrated to be medically necessary for the treatment of the chronic back pain on a routine basis. The patient has been prescribed CARISOPRODOL on a routine basis for muscle spasms. There is no demonstrated medical necessity for the daily prescription of CARISOPRODOL as a muscle relaxer on a daily basis for chronic pain. The prescription of CARISOPRODOL for use of a muscle relaxant for cited chronic pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The use of alternative muscle relaxants was recommended by the CA MTUS and the Official Disability Guidelines for the short-term treatment of chronic pain with muscle spasms; however, muscle relaxants when used are for short-term use for acute pain and are not demonstrated to be effective in the treatment of chronic pain. The use of Carisoprodol is associated with abuse and significant side effects related to the psychotropic properties of the medication. The centrally acting effects are not limited to muscle relaxation.The prescription of CARISOPRODOL as a muscle relaxant is not recommended as others muscle relaxants that without psychotropic effects are readily available. There is no medical necessity for CARISOPRODOL 350 mg #60. The California MTUS guidelines state that CARISOPRODOL is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate a schedule for controlled substance. It has been suggested that the main effect is due to generalize sedation and treatment of anxiety. Abuses been noted for sedative and relaxant effects. In regular abusers, the main concern is for the accumulation of meprobamate. Carisoprodol abuses also been noted in order to augment or alter effects of other drugs. This includes the following increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to ghost relaxation and euphoria; as a combination with hydrocodone as an effective some abuses claim is similar to heroin referred to as a Las Vegas cocktail; and as a combination with codeine referred to as Carisoprodol Coma.There is no documented functional improvement with the use of the prescribed Carisoprodol. The use of CARISOPRODOL/SOMA is not recommended due to the well-known psychotropic properties. Therefore, this medication should be discontinued. There is no demonstrated medical necessity for soma 350 mg bid #60.

Prilosec 20mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Pain Procedure

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestional symptoms states; "Determine if the patient is at risk for gastrointestional events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestional prophylaxis is documented in the records provided. There are no

demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with the prescribed medications. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors, such as, Omeprazole. The patient is documented to be taking NSAIDs-Ibuprofen. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. The prescription of proton pump inhibitors on a long-term basis is not recommended due to the side effects of osteoporosis and diminished magnesium levels. There is no demonstrated medical necessity for the prescription for omeprazole 20 mg #30. There is no documented functional improvement with the prescribed omeprazole.