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| Case Number: | CM14-0132347 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 06/12/2009 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 34-year-old male who has submitted a claim for lumbar fracture, chronic pain syndrome, bruxism, myofascial pain of the masticatory and cervical muscles, left TMJ synovitis, and ankle pain associated with an industrial injury date of 6/12/2009. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Physical examination of lumbar spine showed muscle spasm and restricted motion. Patient did not have anxiety, tearfulness, or suicidal ideation. Patient also had a dental consultation due to symptoms of temporomandibular joint dysfunction. Patient reported frequent grinding of his teeth resulting to constant moderate pain at the jaw/face. He was able to eat a normal diet. He had left TMJ tenderness both preauricularly and intra-auricularly. There was no TMJ pain with opening or right to left laterotrusion; however, there was left jaw pain after 5 minutes of chewing wax. There was left jaw pain on biting. He was able to open his mandible to 37 mm and be assisted to 45 mm. Tenderness was likewise present at temporalis, masseter, sternocleidomastoid, suboccipitals, and posterior cervical muscles bilaterally. He was recommended to have a night guard and to undergo acupuncture and physical therapy. Patient reported symptoms of depression and headaches. A panoramic radiograph showed both condyles with some anterior/superior flattening with no evidence of erosion, sclerosis, or osteophytes. Both temporomandibular joints were interpreted as remodeling. Treatment to date has included lumbar brace, physical therapy, acupuncture lumbar epidural steroid injection, and medications such as Norflex, cyclobenzaprine, Protonix, and venlafaxine (since January 2014). Utilization review from 8/15/2014 modified the request for Venlafaxine HCL ER 37.5mg #60 and 2#15 for purpose of waning because of lack of clinical findings of neuropathic pain, depression, or anxiety to warrant its use; denied 6 Physical Therapy Sessions and 6 Acupuncture

sessions because of no clinical findings to indicate temporomandibular joint dysfunction; and denied Unknown Splint Therapy because of no clinical findings to support TMJ dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine HCL ER 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 15, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: As noted on pages 15 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, patient presented with neuropathic pain and symptoms of depression. He was prescribed venlafaxine since January 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. There is no clear indication for continuing treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for Venlafaxine HCL ER 37.5mg #60 is not medically necessary.

6 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 Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Temporomandibular Joint Disorders.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is 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. Aetna considers physical

therapy to be a medically necessary conservative method of TMD/TMJ treatment. Therapy may include repetitive active or passive jaw exercises, thermal modalities, manipulation, vapor coolant spray-and-stretch technique, and electro-galvanic stimulation. In this case, patient reported frequent grinding of his teeth resulting to constant moderate pain at the jaw/face. He had left TMJ tenderness both preauricularly and intra-auricularly. There was no TMJ pain with opening or right to left laterotrusion; however, there was left jaw pain after 5 minutes of chewing wax. There was left jaw pain on biting. He was able to open his mandible to 37 mm and be assisted to 45 mm. Tenderness was likewise present at temporalis, masseter, sternocleidomastoid, suboccipitals, and posterior cervical muscles bilaterally. He was recommended to undergo physical therapy. Clinical manifestations are consistent with temporomandibular joint dysfunction; hence, physical therapy is reasonable treatment option. However, the present request as submitted failed to specify body part to be treated. The the request for 6 Physical Therapy sessions is not medically necessary.

6 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Temporomandibular Joint Disorders.

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. Aetna considers acupuncture and trigger point injections medically necessary for persons with temporomandibular pain. For acute pain, generally 2 visits per week for 2 weeks are considered medically necessary. Additional treatment is considered medically necessary when pain persists and further improvement is expected. In this case, patient reported frequent grinding of his teeth resulting to constant moderate pain at the jaw/face. He had left TMJ tenderness both preauricularly and intra-auricularly. There was no TMJ pain with opening or right to left laterotrusion; however, there was left jaw pain after 5 minutes of chewing wax. There was left jaw pain on biting. He was able to open his mandible to 37 mm and be assisted to 45 mm. Tenderness was likewise present at temporalis, masseter, sternocleidomastoid, suboccipitals, and posterior cervical muscles bilaterally. He was recommended to undergo acupuncture. Clinical manifestations are consistent with temporomandibular joint dysfunction; hence, acupuncture is reasonable treatment option. However, the present request as submitted failed to specify body part to be treated. Moreover, the present request for 6 sessions exceeded guideline recommendations of 4 visits as initial trial. Therefore, the request for 6 Acupuncture sessions are not medically necessary.

Unknown Splint Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

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: Aetna Clinical Policy Bulletin, Temporomandibular Joint Disorders.

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 Aetna Clinical Policy Bulletin, Temporomandibular Joint Disorders was used instead. Reversible intra-oral appliances may be considered medically necessary in selected cases only when there is evidence of clinically significant masticatory impairment with documented pain and/or loss of function. Only 1 oral splint or appliance is considered medically necessary for TMD/TMJ therapy. In this case, patient reported frequent grinding of his teeth resulting to constant moderate pain at the jaw/face. He had left TMJ tenderness both preauricularly and intra-auricularly. There was no TMJ pain with opening or right to left laterotrusion; however, there was left jaw pain after 5 minutes of chewing wax. There was left jaw pain on biting. He was able to open his mandible to 37 mm and be assisted to 45 mm. Tenderness was likewise present at temporalis, masseter, sternocleidomastoid, suboccipitals, and posterior cervical muscles bilaterally. He was recommended a night guard. Clinical manifestations are consistent with temporomandibular joint dysfunction; hence, splinting is reasonable treatment option. However, the present request as submitted failed to specify body part to be splinted. Therefore, the request for Unknown Splint Therapy is not medically necessary.