MAXIMUS Federal Services

Case Number:	CM14-0150131		
Date Assigned:	10/23/2014	Date of Injury:	08/22/2013
Decision Date:	12/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 22 year old female with an injury date of 08/22/13. The 07/15/14 report by [redacted] states that the patient presents with constant sharp, stabbing radicular lower back pain and muscle spasms rated 7/10. Pain is associated with numbness and tingling of the bilateral lower extremities. The patient also presents with dull, achy right hip pain and muscle spasms rated 7/10 and sharp, burning right knee pain and muscle spasms rated 8/10. She is able to heel-toe walk with pain. She is working with modified duties from 07/10/14 to 08/08/14. Examination of the lumbar spine shows bilateral lumbar paraspinal muscle guarding on palpation with positive straight leg raise on the right. Right hip examination reveals +2 tenderness to palpation at the right trochanter and at the iliotibial band with restricted range of motion and positive Patrick's test. Examination of the right knee shows +2 tenderness to palpation over the medial joint line and to the patella-femoral joint with restricted range of motion. Examination further reveals decreased sensation to pin-prick and light touch at the L4, L5 and S1, dermatome bilaterally with decreased motor strength L2, L3, L4, L5, and S1 myotomes. The 09/26/13 MRI of the right knee without contrast presents the following impression, 1. Minimal joint effusion. 2. No meniscal of ligamentous tear or other significant abnormality is observed. The patient's diagnoses include 1. Low back pain. 2. Radiculitis lower extremity. 3. Rule out lumbar disc displacement HNP 4. Right hip sprain/strain. 5. Rule out right hip internal derangement. 6. Rule out right knee medial meniscal tear. 7. Right Knee pain/Strain. 8. Anxiety. 9. Stress. 10. Mood disorder. 11. Sleep disorder. Medications are listed as Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The utilization review being challenged is dated 08/19/14. The rationale regarding Deprizine is that MTUS and ODG do not address the issue. Reports were provided from 09/03/13to 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to the right knee #3 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shockwave therapy (ESWT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for Shockwave therapy to the right knee #3 treatments. ODG guidelines ESWT Topic, state that the treatment is under study for patellar tendinopathy and for long bone hypertrophic nonunions. First study shows treatment of patellar tendinopathy to be safer and more effective. The 05/05/14 report states the patient, "...fell sustaining a contusion of her prepatellar and parapatellar soft tissue on the anterior aspect of her "left" knee approximately 10 months ago", which appears to be an error about the left knee as all other reports show the right knee. The treater further states the patient has been treated to physical therapy and intra-articular corticosteroid injection and continues to have knee discomfort. In this case, this treatment is under study for patellar tendinopathy and the patient has contusion, no tendinopathy. Therefore, the request is not medically necessary.

Periodic UA toxicological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, tools for risk stratification & monitoring

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for periodic toxicology evaluation. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The reports provided show the patient is using Synapryn (Tramadol hydrochloride) or Ultracet

(Tramadol-acetaminophen) since at least 10/18/13. The most recent treatment report is the initial report dated 07/15/14 by [redacted] and no UDS tests are documented prior to that date. A 07/18/14 UDS requested by [redacted] is provided. The report shows no positive results including for Tramadol. In this case, the patient is documented as using long term opioids. There was no prior UDS test documented from 09/03/13 to 07/15/14. The request for urine toxicology is reasonable, but the treater does not define "periodic." ODG recommends yearly UDS's for low-risk patients. Without knowing the patient's risk level, or how often "periodic" means, the request cannot be recommended. Therefore, the request is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests a TENS unit. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommended as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The treater does not discuss this request in the reports provided. The 07/15/14 report by [redacted] states that a unit with supplies is requested for home use. The request for authorization provided does not have further discussion, and it is not stated if the unit is for rental or purchase. In this case, the patient presents with neuropathic pain; however, there is no documentation of a prior trial of TENS for the patient as required by MTUS for purchase. Therefore, the request is not medically necessary.

Hot/cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMID: 18214217 (PubMed - indexed for MEDLINE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Section discuss Continuous Cold Therapy

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The

treater requests for Hot/cold Unit. MTUS is silent on hot/cold therapy units. ODG guidelines Carpal Tunnel Section discuss Continuous Cold Therapy for post-operative Carpal Tunnel treatment. The treater does not discuss the reason for this request. There is no recommendation by ODG or documentation or discussion for the use and efficacy of the requested device for the back, lower extremities, hip or knee. Therefore, the request is not medically necessary.

Physical therapy, 3x6 to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: 6: Pain, Suffering and Restoration of Function, page 114 and the Official Disability Guidelines Treatment in Workers' Compensation, Physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for: Physical therapy, 3x6 to the right knee. There is no indication of prior surgery of the right knee. MTUS pages 98 and 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater is [redacted] and does not discuss this request in the reports provided. On 05/05/14 report by [redacted] states that the patient has undergone physical therapy for her knee along with other treatment. As, no therapy reports are provided, it is unknown how many sessions, when and with what benefit the patient received. In this case, [redacted] appears to have just started treating the patient; however, the requested 18 sessions is more than what is allowed by MTUS. Therefore, the request is not medically necessary.

Acupuncture 3x6 to rt knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines.http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmen.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for Acupuncture 3x6 to the right knee. MTUS recommends an initial trail of 6 sessions of acupuncture and additional treatments with functional improvement. In this case, the request is not discussed by [redacted] on 07/15/14. The 05/05/14 and prior reports by [redacted] state that the patient received physical therapy for the knee; however, there is no

mention of acupuncture treatment. If the requested 18 sessions are intended as a trial, the request exceeds the 6 allowed by MTUS. If the requested visits are additional treatments, no documentation of functional improvement is provided. Therefore, the request is not medically necessary.

Synapryn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?id=20057

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, and 78.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for Synapryn (Tramadol Hydrochloride and opioid). The reports provided show the patient has been taking this medication since 09/09/13. The treater states the drug is used for the treatment of neuropathic fibromyalgia pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." On 11/23/13 the patient rates pain 2/4 on 01/24/14 5/10 and on 07/15/14 8/10. The 07/15/14 report by [redacted] states that pain is aggravated by activities of daily living such as getting dressed and performing personal hygiene. In this case, pain is documented with the use of pain scales. However, the reports provided do not state that this medication helps the patient. ADLs are discussed; however, other than noting the patient is working no other specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are partly addressed in that a 07/18/14 urine toxicology report is provided. None of the tested drugs show as detected, including Tramadol. There is no discussion in the reports of the results of this test, of adverse side effects or adverse behavior. Furthermore, there is no documentation of outcome measures per MTUS. Therefore, the request is not medically necessary.

Tabradol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?id=20057

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for Tabradol (Cyclobenzaprine). On 07/15/14 [redacted] states use is because the patient has failed to respond to a course of NSAID and is being used as a second line treatment. The reports indicate the patient is starting this medication. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the treater discusses the reasons for the use of this medication and states that medications, especially oral medications, will be monitored closely for effectiveness and possible dependency. However, the treater does not state that use is intended to be short term. Therefore, the request is not medically necessary.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 137 Functional capacity evaluation

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for Functional capacity evaluation. ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treater does not discuss why the FCE is crucial, and the reports provided do not show it is requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Therefore, the request is not medically necessary.

Sleep study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter for the topic of Polysomnography

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for Sleep Study. ODG guidelines Pain Chapter for the topic of Polysomnography state the following criteria: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The reports provided show the patient consistently denied sleep difficulties from 10/18/13 to 05/05/13. The 07/15/14 report by [redacted] is the first mention of a sleep disorder. The reports provided do not show discussion or diagnosis of the above criteria 1-6. In regards to the criteria, 7) Insomnia complaint, there has not been 6 months of documented complaints at least 4 days a week, and there is no documentation that the patient was unresponsive to behavior intervention or medication. Furthermore, the treater does not discuss the reason for the request. Therefore, the request is not medically necessary.

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Algorithm 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests for MRI of the right knee. ODG guidelines Knee & Leg Chapter, MRI topic, states," Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. ""Repeat MRIs are recommended if need to assess knee cartilage repair tissue. In determining whether the repair tissue was of good or poor quality," The treater does not discuss the reason for the request. A prior MRI is provided from 09/26/13 that states: Minimal joint effusion; No meniscal of ligamentous tear or other significant abnormality is observed.In this case, it is unclear why the treater gives a diagnosis to rule out medical meniscus tear in light of the prior MRI. The reports do not document new injury to the patient. Recommendation is for denial.

Deprizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://ncbi.nlm.nih.gov/pubmedhealth/PMH000094 and http://www.drugs.com/pro/deprizine.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests Deprizine (Ranitidine). Per the MTUS citation above, gastrointestinal prophylaxis may be indicated for some patients taking NSAIDs. When indicated, H2 blockers like ranitidine are not the best choice. The MTUS lists specific risk factors as indications for gastrointestinal prophylaxis. On 07/15/14 [redacted] states this medication is an H2 Antogonist for the prophylactic treatment for NSAID induced GI ulcer/bleeds. However, the reports provided do not show the use of NSAIDs, and the specific risk factors are not described. In this case, Deprizine is not medically necessary.

Dicopanol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA and http://www.drugs.com/pro/diphenhydramine.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Insomnia treatment

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests Dicopanol (Diphenhydramine). MTUS page 65 Orphenadrine states that Orphenedrine is similar to this medication, but Orphenadrine has greater anticholinergic effects. ODG Mental Illness & Stress Chapter, Insomnia treatment topic states that," Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days." On 07/15/14 [redacted] states the use of the medication is for mild to moderate insomnia and is widely used in many nonprescription sleep aids and cold aids. In this case it appears the patient is starting this medication and there is no indication at this time of long term use. Therefore, the request is medically necessary.

Fanatrex: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests Fanatrex (Gabapentin). MTUS has the following regarding Gabapentin (MTUS pages 18 and 19), Gabapentin (Neurontin), Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. On 07/15/14 [redacted] states the use of this medication is considered as a first line treatment of neuropathic pain. The reports provided indicate the patient is just starting this medication, neuropathic pain is present in this patient and the medication is recommended by MTUS. Therefore, the request is medically necessary.

Cyclobenzaprine:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64 and 63.

Decision rationale: The patient presents with lower back pain and muscle spasms rated 7/10 with associated numbness and tingling of the bilateral lower extremities. The patient also presents with right hip pain and spasms rated 7/10 and knee pain and spasms rated 8/10. The treater requests Cyclobenzaprine. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. On 07/15/14 [redacted] states this medication is effective in the treatment of low back pain, muscle spasms, neuropathic pain, and chronic persistent pain. All these conditions are present in this patient. However, there is not discussion of only short term use of the medication per MTUS. The reports indicate the patient is just starting this medication; however, the treater does not state use is for short term. Therefore, the request is not medically necessary.