

Case Number:	CM14-0173713		
Date Assigned:	10/27/2014	Date of Injury:	08/11/2014
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal 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 patient is an injured worker with low back pain, right wrist and hand pain, and right lateral elbow and forearm pain. The doctor's first report of occupational injury dated 9/8/14 documented that the patient began clerical work in 2004. The patient noted that in 2013, she began experiencing low back pain and bilateral wrist and hand pain. During this time, she stated that she was performing repetitive bending and twisting of the neck, forcefully pushing and pulling a cart, repetitively squatting and stooping, as well as performing repetitive simple gripping and grasping activities. She stated that she was frequently lifting and carrying papers and files. The patient continued to work at her usual and customary duties when on August 11, 2014, she bent forward at the waist loading paper into a copier and then she experience a sharp pain in her low back as she straightening up. The patient saw her primary treating physician on August 16, 2014, who obtained x-rays of her hands, wrists and back. She was placed on modified work restrictions of no lifting over five pounds, no overhead lifting and no forceful pushing and pulling over five pounds. Subjective complaints were low back pain, right wrist and hand pain, and right lateral elbow and forearm pain. Objective findings were documented. The patient is a well-developed, well-nourished and cooperative. With the patient standing erect and in neutral posture, there is no evidence of pelvic unleveling or antalgic shift. The thoracic kyphosis and lumbar lordosis appear to be well maintained. There is no evidence of scapular winging. Tenderness to palpation is present over the bilateral paraspinal musculature and lumbosacral junction with associated muscle spasm hypertonicity. Straight leg raising test in both the seated and supine position is negative eliciting low back pain only. Femoral nerve stretch test and sacroiliac stress test are negative, bilaterally. Range of motion of the lumbar spine demonstrated flexion is 27 degrees. Right elbow forearm inspection revealed normal contour without evidence of atrophy, swelling or deformity. Tenderness to palpation is present over the lateral epicondyle

and the proximal extensor muscles of the forearm. No crepitus is appreciated with passive ranging. Range of motion of the right elbow as measured by goniometer is full and within normal limits. Right wrist and hand inspection revealed normal contour without evidence of atrophy, swelling or deformity. Tenderness to palpation is present over the flexor and extensor tendons, as well as over the first extensor compartment. Finkelstein's test is positive. Tinel's sign, Phalen's test and Grind test are negative. Range of motion of the right wrist as measured by goniometer is full and within normal limits. Sensation to pinprick and light touch in the bilateral upper and lower extremities is intact. Normal muscle bulk and tone are noted. There is no evidence of atrophy or spasticity. Motor testing of the major muscle groups of the bilateral upper and lower extremities reveals no gross weakness. Diagnoses were lumbar spine musculoligamentous sprain and strain, right elbow lateral epicondylitis, forearm strain, right wrist strain, flexor and extensor tendinitis, and De Quervain's tenosynovitis. Treatment plan included request for chiropractic manipulative therapy at a frequency of two times per week for six weeks, interferential home stimulation unit, Quickdraw lumbar support, Ultram, and Fexmid. Utilization review determination date was 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; twelve (12) visits (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment, Manual therapy & manipulation Page(s): 30, 58-60.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. For low back conditions, a trial of 6 visits is an option. Per MTUS guidelines, chiropractic treatment, manual therapy and manipulation are not recommended for carpal tunnel syndrome, forearm, wrist, hand, knee, ankle, or foot conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that prolonged course of manipulation (longer than 4 weeks) are not recommended. Medical records document that the patient has subjective complaints of low back pain, right wrist and hand pain, and right lateral elbow and forearm pain. Diagnoses were lumbar spine musculoligamentous sprain and strain, right elbow lateral epicondylitis, forearm strain, right wrist strain, flexor and extensor tendinitis, and De Quervain's tenosynovitis. Chiropractic manipulative therapy at a frequency of two times per week for six weeks was requested. A total

of 12 chiropractic visits was requested. MTUS guidelines limit chiropractic treatment to 6 visits. Additional treatments require documentation of objective functional improvement. Therefore, the request for 12 chiropractic visits exceeds MTUS guidelines. Therefore, the request for Chiropractic; twelve (12) visits (2x6) is not medically necessary.

Interferential home stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 40-41, 265, 271, 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS), Electrical stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Interferential therapy, and on the Non-MTUS Work Loss Data Institute, Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.gov

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and methodological issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints states that TENS is not recommended. ACOEM Chapter 12 states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints states that passive modalities and TENS units are not recommended. Physical modalities, such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Per ACOEM Chapter 10 Elbow Complaints (Revised 2007), electrical stimulation physical treatment methods are not recommended. Official Disability Guidelines (ODG) states that interferential therapy is not generally recommended. Work Loss Data Institute guidelines for chronic pain (2013) state that interferential current stimulation (ICS) are not recommended. Medical records document that the patient has subjective complaints of low back pain, right wrist and hand pain, and right lateral

elbow and forearm pain. Diagnoses were lumbar spine musculoligamentous sprain and strain, right elbow lateral epicondylitis, forearm strain, right wrist strain, flexor and extensor tendinitis, and De Quervain's tenosynovitis. Interferential home stimulation unit was requested. Unresponsiveness to conservative measures was not documented. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of interferential current stimulation (ICS). Therefore, the request for Interferential home stimulation unit is not medically necessary.

Quickdraw lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd edition, Bibliographic Source: Low back disorders. Hegmann KT, editor(s), Occupational medicine practice guidelines, Evaluation and management of common health problems and functional recovery in workers, 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. page 333-796. Table 2: Summary of Recommendations by Low Back Disorder. Guidelin

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Medical records document that the patient has subjective complaints of low back pain. Diagnoses were lumbar spine musculoligamentous sprain and strain. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for Quickdraw lumbar support is not medically necessary. Quickdraw lumbar support is not medically necessary.

Ultram ER (tramadol 150mg) one to two (1-2) tab po qd prn pain #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113, 123, 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for

maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient has subjective complaints of low back pain, right wrist and hand pain, and right lateral elbow and forearm pain. Diagnoses were lumbar spine musculoligamentous sprain and strain, right elbow lateral epicondylitis, forearm strain, right wrist strain, flexor and extensor tendinitis, and De Quervain's tenosynovitis. Medical records document that the patient had pain and objective evidence of pathology. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram ER (tramadol 150mg) one to two (1-2) tab po qd prn pain #30 is medically necessary.

Fexmid (cyclobenzaprine 7.5mg) one (1) tab po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Fexmid (cyclobenzaprine) <http://www.drugs.com/pro/fexmid.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Fexmid) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient has subjective complaints of low back pain, right wrist and hand pain, and right lateral elbow and forearm pain. Diagnoses were lumbar spine musculoligamentous sprain and strain, right elbow lateral epicondylitis, forearm strain, right wrist strain, flexor and extensor tendinitis, and De Quervain's tenosynovitis. MTUS, ACOEM, and FDA guidelines do not support the long-term use of Cyclobenzaprine (Fexmid). The patient was prescribed Naproxen which is an NSAID. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Fexmid)

is not supported. Therefore, the request for Fexmid (cyclobenzaprine 7.5mg) one (1) tab po bid #60 is not medically necessary.