

<b>Case Number:</b>	CM14-0040354		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 injured worker is a 30-year-old male who reported an injury of unknown mechanism on 10/02/2013. On 07/07/2014, his diagnoses included cervical spine discogenic neck pain with radiculopathy, C4-5 and C5-6, L5-S1 discogenic back pain with radiculopathy, bilateral knee contusion, and headaches. His complaints included neck pain, lower back pain, and headaches. Upon examination, there was decreased range of motion of both the cervical and lumbar spine with midline paraspinal tenderness at both cervical and lumbar areas. His treatment plan stated that he continued to be symptomatic despite therapy, acupuncture, and chiropractic treatment, and that he could benefit from an evaluation by a pain management specialist for epidural injections of both the cervical and lumbar spine. There was no documentation of the modalities or time frames of the physical therapy noted above. There was no documentation submitted of the pharmacological intervention for this worker. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy (two times a week for six weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The request for physical therapy two times a week for six weeks is not medically necessary. The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for neuralgia, neuritis, and radiculitis is 8 to 10 visits over 4 weeks. The submitted documentation revealed that this worker had been attending physical therapy sessions, but the number of sessions and the period of time involved were not included in the documentation. The 12 sessions requested exceed the recommendations in the guidelines. Additionally, the body part or parts to have been treated were not included in the request. Therefore, this request for physical therapy two times a week for six weeks is not medically necessary.

**Relafen 500 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The request for Relafen 500 mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period in patients with moderate to severe osteoarthritis pain. Relafen is recommended for the treatment of osteoarthritis. The lowest effective dose of Relafen should be sought for each patient. There is no indication from the submitted documentation that this worker had a diagnosis of osteoarthritis. Additionally, the request did not specify frequency of administration. Therefore, this request for Relafen 500 mg #60 is not medically necessary.

**Prilosec 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Prilosec, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and

laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Prilosec 20 mg #60 is not medically necessary.

**Tramadol 50 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Tramadol 50 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, antidepressants and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Tramadol 50 mg #90 is not medically necessary.