

Case Number:	CM14-0041385		
Date Assigned:	08/01/2014	Date of Injury:	03/02/2012
Decision Date:	09/16/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 Practice 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 46-year-old housekeeper reported injuries to her neck, upper and lower back, L shoulder and both knees after slipping in some shampoo and falling at work on 3/2/12. She has not worked since that date. Treatment has included medications (including opioids), topical compounded medications and "medical foods", multiple physical therapy and chiropractic visits, acupuncture, transcranial magnetic stimulation, bilateral carpal tunnel release, surgery of both shoulders and of her R knee. A primary provider's progress note dated 3/3/14 documented complaints of chronic neck and back pain, as well as bilateral shoulder pain, headaches, bilateral knee pain, depression and anxiety. Her condition has remained the same despite temporary relief from medications and twice daily use of an IF unit. She has received 24 PT sessions, 14 chiropractic sessions, and 12 acupuncture sessions. Documented physical exam includes a height of 5.0 feet and weight of 200 lbs. There is tenderness of the neck, shoulders, back, buttocks, and Right knee with decreased range of motion of neck, back, shoulders and Right knee. Functional status was not addressed except that it was noted that the patient ambulates with a cane, and that she is off work. The plan included Toradol 60mg and vitamin B complex 1 ml IM, a laboratory urine drug test, laboratory liver function test/ BUN/creatinine, Omeprazole 20 mg twice per day #60 for GI problems, Tramadol 50 mg every 8 hours for pain #60, Capsaicin gel 0.025% 60 grams to apply over pain areas twice per day, 8 sessions of physical therapy with multiple passive components as well as active range of motion exercise, 4 sessions of chiropractic treatment, a lumbar belt, continued home treatment with an IF unit. All ten requests were denied in UR on 4/2/14. A request for IMR regarding these denials was made on 4/8/14. Reviews of progress notes previous to 3/3/14 reveal no significant progress in terms of functional recovery. The patient was declared permanently totally disabled by the primary provider on 11/27/13. No improvement in ambulation has occurred, and no other measures of function are being followed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toradol 60mg and Vitamin B complex intramuscular (IM) injection: 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), Pain (Chronic) Chapter, Toradol and Vitamin-B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, ketorolac Page(s): 72. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:UptoDate, and evidence-based online review service for clinicians(www.uptodate.com), Cyanocobalamin (vitamin B12): Drug information.

Decision rationale: The MTUS guideline cited above states that ketorolac (Toradol) has a black box warning that it is not indicated for minor or chronic painful conditions. The MTUS does not address vitamin B12 injections. The UptoDate reference lists treatment of pernicious anemia, vitamin B12 deficiency due to dietary deficiencies or malabsorption diseases, inadequate secretion of intrinsic factor, inadequate utilization of B12 (during neoplastic treatment), or increased B12 due to pregnancy, throtoxicosis, hemorrhage, malignancy, liver or kidney disease. This patient clearly has chronic pain, and the clinical notes do not document any sort of acute exacerbation which would require a Toradol injection. There is no clinical documentation of any condition which would indicate a vitamin B12 injection. A Toradol injection is not medically necessary in this case due the specific contraindication for it listed in the MTUS guideline above, and to the chronic nature of the patient's pain. Due to the lack of any documentation of a recognized clinical need a vitamin B12 injection is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; NSAIDs, GI symptoms & cardiovascular risk Page(s): 60;68-69.

Decision rationale: Per the first MTUS citation above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the second MTUS guideline cited above, the provider should determine the patient's risk for gastrointestinal events. These would include: (1) age > 65; (2) gastrointestinal history; (3) concurrent aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. A proton pump inhibitor (of which Omeprazole is one) would be indicated for intermediate risk patients taking a non-selective NSAID or high-risk patients taking a Cox-2 inhibitor. Long-term use of a proton

pump inhibitor increases the risk of hip fractures. The clinical notes in this case document that Omeprazole is being prescribed for "GI" symptoms, but does not clarify what they are. There is no documentation of specific symptoms or of functional measures that could be improved by taking it. The most common reason cited in the MTUS, the use of an NSAID in a patient at risk for a GI event, does not apply, since the patient is not taking an NSAID. In addition, the citation notes that long-term use of Omeprazole puts the patient at risk for hip fractures. Based on the evidence-based guidelines cited above, and the clinical findings in this case Omeprazole is not medically indicated. Based on the lack of documentation as to why it is being used and how its effects on the patient will be monitored, and because it has significant long-term side effects that are not counterbalanced Omeprazole is not medically necessary.

Tramadol 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain ;Criteria for the use of Opioids Page(s): 60;76-77.

Decision rationale: Per the first MTUS citations above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. According to the second MTUS citation, opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. An attempt should be made to determine if the patient's pain is nociceptive or neuropathic. Specific goals should be set, and continued use of opioids should be contingent on meeting these goals. Opioids should be discontinued if there is no improvement in function or a decrease in function, and if there is evidence of non-adherence. The clinical documentation in this case does not make clear whether the tramadol requested on 3/3/14 was a new prescription or had been prescribed in the past. The indication for it is documented as "pain". The previous available note from the primary provider dated 1/7/14 requests authorization for Norco-10, which is a different opioid drug. If Tramadol is being started on 3/3/14, it is being started in conjunction with several other treatments, which is not in accordance with the guideline above. In addition, there is no documentation of functional status, no documentation of the patient's current status in terms of pain control, and no documentation of any goals for either pain control or function. Given that the patient has a history of long-term opioid use with absolutely no improvement in function, it appears that the course most in line with the above guidelines would be not to start tramadol at all. Based on the evidence-based guidelines cited above, and the clinical findings in this case tramadol is not medically indicated. Based on the lack of documentation of fulfillment of the requirements to start this medication and to monitor its efficacy Tramadol is not medically necessary.

1 prescription of Capsaicin gel 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain ;Capsaicin, topical Page(s): 60; 28.

Decision rationale: The first MTUS guideline cited above states that medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. The other MTUS guideline cited above state that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is indicated for neuropathic pain, osteoarthritis, fibromyalgia, and chronic non-specific back pain, for patients whose pain has not been controlled successfully with conventional therapy. The clinical documentation in this case reveals that this patient has been on topical Capsaicin since at least 8/14/13, and that the patient has made no functional progress while using it. Additionally, it is not clear what type of pain is being treated, and whether other more conventional treatments have been exhausted. Based on the evidence-based guidelines cited above and the clinical findings in this case, topical Capsaicin 0.025% is not medically indicated. Based on the lack of documentation of any improvement in function from its use, on lack of documentation as to its specific indication, and as to whether all other available conventional for this indication have been unsuccessful Topical Capsaicin is not medically necessary.

8 physical therapy sessions for the neck, low back, shoulders and knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9;98-99.

Decision rationale: Per the first MTUS citation above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, per the second citation, passive therapy is for the early phase of treatment. Active therapy is recommended over passive care, with transition to home therapy. Recommended quantities: Myalgia and myositis, 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The clinical records in this case document the performance of at least 24 physical therapy visits in the past, and that the patient has been instructed in home-based exercise. The physical therapy performed to date has resulted in no functional improvement. There has been no documentation of symptom improvement, any improvement in physical findings, no decreased work restrictions or improvement in daily activities of living. No new indication for or specific functional goal was documented when the above additional 8 visits were requested, and the accompanying documentation suggests that much of the additional PT will involve passive modalities which are no longer indicated. There is no documentation that they are likely to result in functional improvement of any kind. Based on the evidence-based guidelines cited above and the clinical findings in this case, an additional 8 physical therapy visits are not medically necessary.

4 chiropractic sessions for the neck, low back and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement ; Manual Therapy and Manipulation Page(s): 9;58-58.

Decision rationale: Per the first MTUS citation above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Per the second guideline, a trial of manual therapy (which would include chiropractic therapy) is recommended as an option for low back conditions. A trial of up to 6 visits over two weeks should take place, with a recommendation of up to 18 visits over 6-8 weeks if there is evidence of objective functional improvement. If chiropractic therapy is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. This patient has already received at least 14 chiropractic visits. She continues to have chronic multifocal pain. Chiropractic treatment to date has resulted in no functional improvement. There has been no documentation of symptom improvement, any improvement in physical findings, no decreased work restrictions or improvement in daily activities of living. There is no documentation that they are likely to result in functional improvement of any kind. Based on the evidence-based guidelines cited above and the clinical findings in this case, an additional 4 chiropractic visits are not medically necessary.

1 Lumbar belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the guideline cited above, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The treating physician in this case has not given any reason for requesting a lumbar belt. The patient is well beyond the acute phase of her injury, and a lumbar support is not likely to be helpful. Based on the lack of any evidence-based indication for its use a lumbar belt is not medically necessary.

1 continue IF-4 (interferential) unit at home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: Per the guideline cited above, interferential units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. While not recommended as an isolated intervention, IF may possibly be appropriate for the following conditions if it has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications;- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The clinical documentation in this case clearly does not support ongoing use of an interferential unit. There has been no documentation of increased functional improvement, less reported pain or evidence of medication reduction as a result of its use for well over a month. Based on the lack of documentation of any improvement in symptoms or function as a result of its use an inferential unit is not medically necessary in this case.

1 lab urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (steps to avoid misuse/addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), page 10, 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Therapeutic Trial of Opioids ; Opioids, Ongoing Management; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76;78;94.

Decision rationale: Per the MTUS guidelines cited above, an assessment of the likelihood for substance abuse should be made before a therapeutic trial of opioid use is begun. The section on ongoing management of opioid use recommends that regular assessment for aberrant drug taking behavior should be performed. Drug screens should be used in patients with issues of abuse, addiction or poor pain control. The section on steps to avoid misuse/addiction recommends frequent random urine toxicology screens. Per the ODG reference cited, clinicians should be clear on the indication for using a Urine Drug Screen (UDS) prior to ordering one. Testing frequency should be determined by assessing the patient's risk for misuse, with low-risk patients to receive random testing no more than twice per year. Documentation of the reasoning for testing frequency, need for confirmatory testing, and of risk assessment is particularly important in stable patients with no evidence of risk factors or previous aberrant drug behavior. Standard drug classes should be include in the testing, including cocaine, amphetamines, opiates, Oxycodone, Methadone, Marijuana, and Benzodiazepines. Others may be tested as indicated. A complete list of all drugs the patient is taking, including OTC and herbal preparations must be included in the request accompanying the test, as well as documentation of the last time of use of specific drugs evaluated for. Random collection is preferred. Unexpected results (illicit drugs,

scheduled drugs that were not prescribed or negative results for a prescribed drug) should be verified with Gas Chromatography/Mass Spectrometry (GCMS). There is no clinical documentation in this case in regards to an assessment of this patient's risk for aberrant drug behavior. Additionally, there is no documentation in regards to the requested urine drug screen, including whether or not it is random, where it is to be performed, what drugs are to be tested for and why, and whether GCMS testing is available for unexpected results. Based on the guidelines cited above and the clinical information provided, a urine drug screen is not medically indicated. Based on the complete lack of documentation as to why it is needed, what drugs will be tested for, and whether or not the requested drug screen is random and meets guidelines as to how it should be performed a urine drug screen is not medically necessary.

1 Liver function test (BUN and Creatine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, NSAIDs, , hypertension and renal failure, pages 69 and 70.

Decision rationale: NSAIDs should be used with caution in patients with moderate hepatic impairment, and are not recommended for patients with severe hepatic impairment. NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and a chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. This patient is not taking an NSAID, so none of the above considerations apply. The primary provider has provided no rationale for ordering a liver function testing, BUN and creatinine. In the absence of any documentation for the reasons this testing was ordered, medical necessity cannot be determined. Based on lack of documentation as to why it was ordered, and absence of any documented medical condition that would make the testing advisable according to MTUS guidelines Liver function tests, BUN and creatinine are not medically necessary.