

<b>Case Number:</b>	CM14-0049571		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Pain 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:

This is a patient with a date of injury of 8/25/03. A utilization review determination dated 3/17/14 recommends non-certification of transportation, ultrasound, Zofran, magnesium, Nexium, and alprazolam. PT, OT, and acupuncture were modified with regard to the number of sessions. [REDACTED] cervical home traction device was modified to home traction. Chem 20, CBC, and TFTs were modified to Chem 20 and CBC only. Oxycodone, Colace, and Phenergan were certified. The only medical report from the provider submitted for review was an appeal of a UR determination from 10/8/14. A 3/8/14 report identifying neck and shoulder pain as well as sore hands and left wrist. OT and acupuncture helped. Cymbalta helped neuropathic pain, but had side effects that were difficult to tolerate. Numbness and tingling were better at rest with Botox, PT, and Cymbalta, but increased with activity. Patient was able to tolerate acupuncture only once a week instead of twice without dramatic increase in pain and antiemetic medication, likely due to the fact that she had been getting PT and OT at the same time. Migraines had decreased by about 50% and gone from daily to 15 times a month. On exam, there was limited ROM, minimally positive retroclavicular Spurling test, positive Wright's hyper abduction test with pulse loss at 110 degrees and paresthesia at 80 degrees on the right, 135 and 80 respectively on the left. Halstead maneuver was positive with loss of pulse bilaterally. Positive Tinel's over the right cubital tunnel. Fink positive bilaterally. Resisted wrist flexion positive even without resistance on the left. Bilateral intrinsic hand moderate atrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Therapy 2 x 6 for TOC: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 01/20/2014), Brachial Plexus Lesions (Thoracic Outlet Syndrome) Official Disability Guidelines (ODG), Elbow, (updated 02/14/2014) Physical Therapy, Ulnar Nerve Entrapment / Cubital Tunnel Syndrome. Official Disability Guidelines (ODG), Forearm, Wrist & Wrist, (updated 02/18/2014) Physical / Occupational Therapy, Synovitis and Tenosynovitis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

### **Physical Therapy 2 x 6 for Right Cubital Tunnel Syndrome: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 01/20/2014), Brachial Plexus Lesions (Thoracic Outlet Syndrome) Official Disability Guidelines (ODG), Elbow, (updated 02/14/2014) Physical Therapy, Ulnar Nerve Entrapment / Cubital Tunnel Syndrome. Official Disability Guidelines (ODG), Forearm, Wrist & Wrist, (updated 02/18/2014) Physical / Occupational Therapy, Synovitis and Tenosynovitis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and,

unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Occupational Therapy 2 x 6 for Left Wrist Tendinitis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 01/20/2014), Brachial Plexus Lesions (Thoracic Outlet Syndrome) Official Disability Guidelines (ODG), Elbow, (updated 02/14/2014) Physical Therapy, Ulnar Nerve Entrapment / Cubital Tunnel Syndrome. Official Disability Guidelines (ODG), Forearm, Wrist & Wrist, (updated 02/18/2014) Physical / Occupational Therapy, Synovitis and Tenosynovitis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Physical Medicine Page(s): 98-99 of 12.

**Decision rationale:** Regarding the request for occupational therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested occupational therapy is not medically necessary.

**Acupuncture 1 x 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no indication of functional improvement as outlined above. In the absence of such documentation, the currently requested acupuncture is not medically necessary.

**████████ Cervical Home Traction Device: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** Regarding the request for [REDACTED] cervical home traction device, CA MTUS and ACOEM state that there is "no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction..." They also note that traction specifically is not recommended. In light of the above issues, the currently requested [REDACTED] cervical home traction device is not medically necessary.

**[REDACTED] 716 Ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic Page(s): 123.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG) Neck Chapter, Ultrasound

**Decision rationale:** Regarding the request for ultrasound, CA MTUS and ACOEM state that there is "no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound..." ODG notes that therapeutic ultrasound is under study, as there is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. Within the documentation available for review, there is no clear rationale for the use of ultrasound given the lack of evidence-based support for its use in the management of the patient's cited injuries. In light of the above issues, the currently requested ultrasound is not medically necessary.

**Chem 20, CBC, TFTs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/comprehensive metabolic panel](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/comprehensive_metabolic_panel)  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004108/CBC>  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/19961039>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/cmp/tab/test>,  
<http://labtestsonline.org/understanding/analytes/cbc/tab/test>,  
<http://labtestsonline.org/understanding/analytes/thyroid-panel/tab/test/>

**Decision rationale:** Regarding the request for Chem 20, CBC, and TFTs, CA MTUS and ODG do not address the issue. These tests are supported for the diagnosis and management of various conditions including diabetes, liver disease, kidney disease, anemia, infection, inflammation, bleeding disorders, leukemia, thyroid disorders, and to monitor people taking specific medications for any kidney- or liver-related side effects. Within the documentation available for review, there is no clear rationale provided for the testing and, if being utilized for monitoring for medication side effects, there is no indication of the date and results of any prior testing. In light of the above issues, the currently requested Chem 20, CBC, TFTs are not medically necessary.

**Zofran, Unknown Quantity or Dose:** 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 (updated 03/10/2014), Antiemetics, Ondansetron (Zofran)

**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 Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/ondansetron-odt.html>

**Decision rationale:** Regarding the request for ondansetron, California MTUS does not address the issue. ODG cites that ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and gastroenteritis. Within the documentation available for review, none of the conditions noted above have been identified. In the absence of such documentation, the currently requested ondansetron is not medically necessary.

**Magnesium, Unknown Quantity or Dose:** 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 <http://www.drugs.com/pro/magnesium-citrate-liquid.html>

**Decision rationale:** Regarding the request for magnesium, CA MTUS and ODG do not address the issue. The FDA does support its use as a laxative. Within the documentation available for review, the patient is utilizing an opioid and preventing constipation associated with chronic opioid use is supported. However, there is no clear rationale presented demonstrating the medical necessity of this medication concurrently with Colace, a stool softener, and there is no documentation that the patient has had issues with constipation not adequately addressed by Colace. In light of the above issues, the currently requested magnesium is not medically necessary.

**Nexium, Unknown Quantity or Dose: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 68-69 OF 127.

**Decision rationale:** Regarding the request for Nexium, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In the absence of such documentation, the currently requested Nexium is not medically necessary.

**Frova, Unknown Quantity or Dose:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 11/18/2013), Triptans

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html)

**Decision rationale:** Regarding the request for Frova, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation specifically indicating how the headaches have responded to the use of this medication and a rationale for the use of multiple triptans concurrently. In the absence of clarity regarding those issues, the currently requested Frova is not medically necessary.

**Treximet, Unknown Quantity or Dose: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012267/?report=details>, Sumatriptan/Naproxen (By mouth), Uses of This Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans Other Medical Treatment Guideline or Medical Evidence: [http://ihs-classification.org/en/02\\_klassifikation/02\\_teil1/01.01.00\\_migraine.html](http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html)

**Decision rationale:** Regarding the request for Treximet, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation specifically indicating how the headaches have responded to the use of this medication and a rationale for the use of multiple triptans concurrently. In the absence of clarity regarding those issues, the currently requested Treximet is not medically necessary.

**Alprazolam, Unknown Quantity or Dose:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127.

**Decision rationale:** Regarding the request for alprazolam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested alprazolam is not medically necessary.