

Case Number:	CM14-0050481		
Date Assigned:	07/07/2014	Date of Injury:	11/25/2009
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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:

123 pages were provided for review. The independent medical review was requested on April 18, 2014. The claimant is a 61-year-old individual injured on November 25, 2009. She worked as a utility maintenance person. She has neck pain radiating bilateral into shoulders, hypertension, high cholesterol, diabetes and psychological problems. As of September 16, 2013 she had complaints of bilateral knee pain left greater than right, left shoulder, cervical spine and left leg pain. The thoracic spine and lumbar spine were stable. The patient was doing well with the current medicines. The provider wanted to continue the vitamin B6, use of her brace, physical therapy, aquatic therapy, MRI of both knees, reduce calories, continue with home exercises and to refill the medicines. The diagnoses were bilateral carpal tunnel syndrome, bilateral knee with mild degenerative arthrosis with a possible meniscal tear or lateral patellofemoral overload. Several hand written PR2 forms were provided. Included was a psychiatric Qualified Medical Exam (QME) report from February 5, 2014. Indicating extensive psychiatric testing was done. The assessments were pain disorder associated with the primary physical factors, anxiety disorder not otherwise specified, depressive disorder not otherwise specified and numerous psychosocial stressors including her father was murdered when she was only 12. There was a visit from June 17, 2013 noting injuries to her upper extremities including the bilateral elbows and wrists. The left knee was also injured on a continuous trauma basis from September 1, 1995 to March 9, 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy 2 times a week for 4 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one "should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." The conditions mentioned are myalgia and myositis, unspecified, 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. This claimant does not have these conditions. It is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization." This request for more skilled, monitored therapy was appropriately not medically necessary.

Diclofenac ER 100 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under oral Diclofenac.

Decision rationale: Regarding Diclofenac, the Official Disability Guidelines (ODG) notes: "Not recommended as first line due to increased risk profile." A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was appropriately not medically necessary.

Prilosec 20 mg #60 with 2 refills: Upheld

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

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

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors such as in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that "clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

Tramadol ER 150 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13, 83 and 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use is therefore not medically necessary.