

Case Number:	CM14-0056608		
Date Assigned:	08/08/2014	Date of Injury:	07/15/2005
Decision Date:	09/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 is a 60 yr. old female claimant who sustained a work injury on 7/16/2005 involving the neck, knees, wrists and back. She was diagnosed with bilateral knee tendinitis, bilateral wrist strain with carpal tunnel syndrome, and lumbar strain. A progress note on July 15, 2013 I indicated the claimant had continued pain in the involved regions. Exam findings were notable for painful flexion of the lumbar and thoracic spine. The treating physician requested 12 sessions of physical therapy over a month, Diclofenac for inflammation, Pantoprazole to prevent gastritis, Hydrocodone 10 mg twice a day, cyclobenzaprine, and a back brace. A progress note on March 24, 2014 indicated the claimant had worsening pain in the lumbar spine with spasms. And additional request was made for 12 sessions of physical therapy, continuation of Hydrocodone, Cyclobenzaprine, Diclofenac, Pantoprazole and the application of knee sleeves for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and pg 301 Page(s): 301.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant has chronic back pain. The use of a lumbar brace is not medically necessary at this point.

Physical Therapy 3 x per Week x 4 Weeks to Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and pg 98-99 Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is allowed for fading of treatment frequency. The claimant has already undergone over 12 sessions of physical therapy. The guidelines allow for up to 10 visits for diagnoses of myalgia and neuralgia. Additional visits are intended for home exercise counseling. The request for additional 12 sessions of physical therapy as above is not medically necessary.

Bilateral Knee Sleeves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg, Knee Braces; Criteria for Knee Braces.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints and pg 340 Page(s): 340.

Decision rationale: According to the ACOEM guidelines, braces or sleeves maybe necessary if the claimant is stressing the knee under a load such as climbing stairs or carrying boxes. Any other immobilization is recommended in an acute injury phase. Use of the sleeves prophylactically or during the chronic phase is not supported by evidence. The request for bilateral knee sleeves is not medically necessary.

Hydrocodone APAP 10/325mg 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92x Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the

claimant has been on Norco for a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and pg.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, Flexeril had been used for over a year with other medications. The continued use is not medically necessary.

Diclofenac Sodium ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and pg.

Decision rationale: According to the MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is no evidence of long-term effectiveness for pain or function. Acetaminophen may be considered for initial therapy for patients with mild to moderate knee pain. The claimant had been on Diclofenac for over a year. Continued use is not medically necessary.

Pantoprazole Sodium ER 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and pg 68-69 Page(s): 68-69.

Decision rationale: Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or

antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs (Diclofenac) as above is not medically necessary. Therefore, the continued use of Pantapazole is not medically necessary.