MAXIMUS Federal Services

Case Number:	CM14-0059887		
Date Assigned:	08/06/2014	Date of Injury:	06/03/2000
Decision Date:	09/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 Texas. 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 61-year-old female injured on 06/03/00 due to an undisclosed mechanism of injury. Diagnoses include carpal tunnel syndrome, degenerative lumbar/lumbosacral intervertebral disc disorder, tear of medial cartilage or meniscus of the knee, rotator cuff sprain/strain, and neck sprain/strain. The clinical note dated 05/07/14 indicates the injured worker presented complaining of continued lumbar spine when sitting and getting up and complaints of bilateral hand and wrist pain with cramping. The injured worker rated pain at 8/10. Documentation indicates x-ray of the thoracic spine revealed loss of lumbar lordosis. X-rays of the bilateral hands and wrists revealed no increase of osteoarthritis. There was no physical examination provided for review. Treatment plan included physical therapy 3 times a week for four weeks, Hydrocodone/Acetaminophen 10-325mg #60, Orphenadrine Citrate ER 100mg #60, Diclofenac Sodium ER 100mg #60, and Pantoprazole Sodium ER 20mg #60. The initial request for physical therapy 3 times a week for four weeks, urine drug screening, Hydrocodone/Acetaminophen 10-325mg, Cyclobenzaprine 5mg, Diclofenac Sodium ER 100mg, and Pantoprazole Sodium ER 20mg was initially non-certified on 04/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. However, the documentation does not specify if the physical therapy is to address the knee or back. Additionally, it does not specify the requested modalities. The medical necessity of the physical therapy 3 times a week for 4 weeks cannot be established at this time.

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Review).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. There is no indication the injured worker is at high risk or exhibiting abhorrent behavior. As such, the request for urine drug screening cannot be recommended as medically necessary.

Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement

obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone/APAP 10/325mg cannot be established at this time.

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of cyclobenzaprine 7.5mg cannot be established at this time.

Diclofenac Sodium ER 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommend as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such, the request for Diclofenac Sodium ER 100mg cannot be recommended as medically necessary.

Pantoprazole Sodium ER 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastritis, GERD.

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, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines (ODG), online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Pantoprazole Sodium ER 20mg cannot be established as medically necessary.