

Case Number:	CM14-0065344		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2013
Decision Date:	09/23/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49 years old male with an injury date on 07/30/2013. Based on the 01/06/2014 progress report provided by [REDACTED], the diagnoses are: 1. Degenerative of thoracic intervertebral disc. 2. Myalgia. 3. Thoracic spine pain. According to this report, the patient complains of intermittent middle back pain that is burning and aching. The pain is rated as a 6/10 and is a 2/10 with medications. The patient also complains of difficulty falling asleep due to pain, dizziness, headaches and anxiety. Pain is aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surface, repetitive overhead reaching, repetitive twisting, repetitive lifting objects over 15 pounds, repetitive carrying, pushing, pulling, climbing and lifting heavy objects over 20 pounds. The patient states that "he has been receiving acupuncture and it was temporarily helpful." Physical exam reveals tenderness at T8 to T10 paraspinal muscle bilaterally. Thoracic range of motion is slightly decreased. The 01/30/ 2014 report indicates the pains of the cervical and lumbar spine are a 4/10, thoracic spine is 6/10, right shoulder is a 5/10 and bilateral elbow and wrist are a 3/10. There were no other significant findings noted on this report. The utilization review denied the request on 04/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/21/2013 to 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture X8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 01/06/2014 report by [REDACTED] this patient presents with intermittent middle back pain that is burning and aching. The treater is requesting 8 sessions of Acupuncture. The most recent progress report is dated 01/30/2014 and the utilization review letter in question is from 04/07/2014. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of reports show the patient has had acupuncture in the past that are "temporarily helpful" unknown timeframe. However, there are no acupuncture reports provided for this review to determine the patient's response to prior treatments. In this case, the treater does not discuss the patient's outcome from prior acupuncture treatment. There is no discussion as to why the patient needs acupuncture at this juncture. There is no documentation of flare-up or functional decline to consider additional treatments. Recommendation is for denial.

Cyclobenzaprine 7.5 mg. #90 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 01/06/2014 report by [REDACTED] this patient presents with intermittent middle back pain that is burning and aching. The treater is requesting Cyclobenzaprine 7.5 mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Cyclobenzaprine #90 and this medication was first noted in the 12/02/2013 report. Cyclobenzaprine is not recommended for long term use. Therefore, recommendation is for denial.

Omeprazole 20 mg. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Page(s): 69.

Decision rationale: According to the 01/06/2014 report by [REDACTED] this patient presents with intermittent middle back pain that is burning and aching. The treater is requesting Omeprazole 20mg # 30. The MTUS Guidelines state omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show that the patient has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Recommendation is for denial.

Tramadol 150 mg. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids for chronic pain Page(s): 60, 61, 80, 81.

Decision rationale: According to the 01/06/2014 report by [REDACTED] this patient presents with intermittent middle back pain that is burning and aching. The treater is requesting Tramadol 150mg #30. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show no mentions of Tramadol and it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.