

<b>Case Number:</b>	CM14-0071982		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 50-year-old male with a date of injury of 08/30/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar spine herniated nucleus pulposus. 2. Hypertension. 3. Gouty arthritis. 4. Gastritis. According to progress report 04/10/2014, the patient presents with constant low back pain. The patient's pain is rated as 5-6/10 without medication and reduced to 3/10 with medication. Examination finding revealed tenderness to palpation over the midline at the level L2 to S1 with limited and painful range of motion. The treater is requesting pain management consultation, internal medicine consultation, aquatic therapy x8, tramadol 50 mg #60, diclofenac sodium 100 mg #60, omeprazole 20 mg #30, and a urine drug screen test. Utilization review denied the request on 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**pain management consultation:** Overturned

**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 ACOEM Practice Guidelines, 2nd Edition (2004), chapter:7, page 127 The occupational health practitioner may refer to other specialists if a

diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict( s) of interest when analyzing causation or when prognosis, degree of impairment,

**Decision rationale:** This patient presents with chronic low back pain. The treater states patient needs a consultation with a pain management specialist due to patient's persistent low back pain along with clinical findings on examination and positive findings on MRI and EMG/NCV. ACOEM Practice Guidelines second edition {2004} page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater is concerned of patient's continued complaints of low back pain. A referral for a pain management consultation is reasonable and supported by ACOEM. Pain management consultation is medically necessary.

**internal medicine consultation:** Overturned

**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 (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), chapter:7, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict( s) of interest when analyzing causation or when p

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting an internal medicine consultation due to patient's abdominal pain/heartburn and high blood pressure. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater is concerned of patient's GERD and high blood pressure. A referral for an internal medicine consultation is reasonable and supported by ACOEM. Internal medicine consultation is medically necessary.

**Aqua therapy x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy:Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting aquatic therapy for his lumbar spine 2 times a week for 4 weeks to help alleviate some of his low back symptomatology. MTUS recommends aquatic therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing, such as extreme obesity. For number of treatments, MTUS Guidelines page 98 and 99 recommends for myalgia-, myositis-, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file does not include treatment history of prior physical therapy sessions to verify how much treatment and with what results were accomplished. In this case, the treater does not discuss why the patient would not be able to tolerate land-based therapy. There is no discussion of weight bearing issues in this patient. Aqua therapy x 8 is not medically necessary.

**Tramadol 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a refill of tramadol 50 mg #60 to be taken 2 times per day for pain. The 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. In this case, there are no discussions of specific functional improvement, adverse effects, or possible aberrant behaviors as required by MTUS for opiate management. Tramadol 50 mg #60 is not medically necessary.

**Diclofenac Sodium 100mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammation).

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a refill of diclofenac sodium 100 mg #60 for patient's inflammation. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first line of treatment. Review of the medical file indicates the patient has decrease in pain with his current medication regimen which includes diclofenac. Given the efficacy of this medication, Diclofenac Sodium 100mg #60 is medically necessary.

**Omeprazole 20 mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (proton pump inhibitors).

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

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a refill of omeprazole 20 mg #30. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking NSAID on a long-term basis and has a diagnosis of gastritis with GI complaints. Omeprazole 20 mg #30 is medically necessary.

**Retrospective request for urine drug screen (no DOS reported): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation <http://www.odg-twc.com>

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

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a urine drug screen. Utilization review denied the request stating, "Urine drug testing should be considered if there are issues of abuse, addiction, or poor pain control." While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient has not had a recent UDS and ODG allows for once yearly testing for low risk patients. Retrospective request for urine drug screen (no DOS reported) is medically necessary.