

Case Number:	CM14-0072200		
Date Assigned:	08/06/2014	Date of Injury:	11/23/2009
Decision Date:	09/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and at least one prior epidural steroid injection on November 8, 2012. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for tramadol, denied a request for Norco, denied a request for Diclofenac, denied a request for Flexeril, denied a request for Flector patches, approved a request for omeprazole, and denied a request for an additional 12 sessions of physical therapy. The claims administrator stated that the applicant had had eight prior sessions of physical therapy in 2014 alone and that the applicant was not working. The claims administrator did state that the request for tramadol and Diclofenac were first time request but went on to deny the same. In a Medical Legal Evaluation dated December 4, 2014, it was acknowledged that the applicant was not working. The applicant was using Flector, Protonix, tramadol, Flexeril, Voltaren, and Lortab. In a progress report dated July 18, 2014, the applicant was described as "disabled" per an agreed medical evaluator. The applicant reported multifocal low back, bilateral shoulder, left shoulder and knee pain, apparently 7 to 8/10 with medications versus 10/10 without medications. The applicant was on Norco, Motrin, tramadol, and omeprazole. Omeprazole was reportedly helping the applicant's stomach issues, it was stated. The applicant was requesting a knee brace. The applicant was asked to continue tramadol, Norco, Motrin, Prilosec, and physical therapy while obtaining a knee brace. Previously denied physical therapy was apparently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids Topic, page 80. The Expert Reviewer's decision rationale: As noted on page 80 in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include "evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same." In this case, the applicant has been described as using tramadol as early as medical legal evaluation of December 4, 2013. The applicant has failed to return to any form of work, it was noted, and has been off of work for a span of several years. Despite ongoing usage of tramadol, the applicant reports pain as high as 7 to 8/10. The attending provider has failed to recount or establish the presence of any tangible or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Norco 5/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Topic. When to Continue to Opioids Topic Page(s): 78 80.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, Ongoing Management Topic. When to Continue to Opioids Topic, page 78 80. The Expert Reviewer's decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, "the lowest possible dose of opioids to be prescribed to improve pain and function." In this case, it has not been clearly established why the applicant needs to use two separate short acting opioids, namely Norco and tramadol. It is further noted, as with the request for tramadol, that the applicant has failed to meet criteria set forth on page 80 of the MTUS guidelines for continuation of opioid therapy. Specifically, the applicant is off of work. The applicant is still reporting pain as high as 7 to 8/10, despite ongoing Norco usage. The attending provider has not elaborated or established the presence of any material improvement in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Diclofenac 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk Topic, page 69. The Expert Reviewer's decision rationale:As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, "one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID." In this case, the applicant is reporting ongoing issues with the reflux, heartburn, and dyspepsia, apparently NSAID-induced. Discontinuing Diclofenac, the offending NSAID, appears to be more appropriate option in continuing the same. Therefore, the request is not medically necessary.

Flexeril 5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxant.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Topic, page 41. The Expert Reviewer's decision rationale:As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, "addition of cyclobenzaprine (Flexeril) to other agents is not recommended." In this case, the applicant is, in fact, using a variety of other analgesic medications, including Norco, tramadol, Voltaren, Motrin, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Flector Patch, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Voltaren/Diclofenac Section Page(s): 112.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac Section, page 112. The Expert Reviewer's decision rationale:Flector is a derivative of topical Diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, "topical Voltaren/Diclofenac has "not been evaluated" for the treatment involving the spine, hip, and/or shoulder." In this case, the applicant's primary pain generators are, in fact, lumbar spine, bilateral hips, and left shoulder, body parts for which Diclofenac/Voltaren/Flector have not been

evaluated. No rationale for selection and/or ongoing usage of this particular agent in the phase of the tepid-to-unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Additional Physical Therapy 2x/Week for 6/Weeks (12 Visits): 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 Page(s): 99 8.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99 The Expert Reviewer's decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is further noted that page 8 of the MTUS guidelines also stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. Here, the applicant is off of work. The applicant remains highly reliant and highly dependent on numerous forms of medical treatment, including several different opioid agents, a TENS unit, a knee brace, etc. All the above, suggests a lack of functional improvement as defined in the MTUS, despite earlier physical therapy in unspecified amounts. Therefore, the request is not medically necessary.