

<b>Case Number:</b>	CM14-0075956		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 44 year old employee with date of injury of 9/3/2013. Medical records indicate the patient is undergoing treatment for lumbar sprain/strain; left knee sprain/strain and left ankle sprain/strain, rule out ligament tear. Subjective complaints include low back pain radiating to left hip and buttocks; left knee pain increased with bending, climbing stairs and squatting. Objective findings include TTP over the paraspinals with spasms; sciatic notch tenderness bilaterally and decreased lumbar range of motion. Treatment has consisted of physical therapy, acupuncture, left knee and ankle braces; Flurbiprofen/Tramadol/Cyclobenzaprine-20%/20%/4% and Gabapentin/Amitriptyn/Dextromethorpan-10%/10%/10%. The utilization review determination was rendered on 4/25/2014 recommending non-certification of Cyclobenzaprine 7.5mg #90; Omeprazole 20mg #30; Extracorporeal Shock Wave Therapy for Orthopedic (ECSWT) 1 x 4-6 weeks; urine drug test and MRI of left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Additionally, MTUS outlines that Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate flexeril also recommends do not use longer than 2-3 weeks. The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. As such the request for Cyclobenzaprine 7.5mg #90 is not medically necessary and appropriate.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS Guidelines "determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). And, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 30 is not medically necessary and appropriate.

**Extracorporeal Shock Wave Therapy for Orthopedic (ECSWT) 1 x 4-6 weeks.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ankle, ESWT Other Medical Treatment Guideline or Medical Evidence: [http://www.aetna.com/cpb/medical/data/600\\_699/0649.html](http://www.aetna.com/cpb/medical/data/600_699/0649.html).

**Decision rationale:** The MTUS Physical Medicine guidelines recommend the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The Official Disability Guidelines (ODG) were consulted for ESWT treatment of the knee and state New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. (Zwerver, 2010). ODG states concerning ESWT treatment of the ankle, Not recommended using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia. A systematic review, Seco et al (2011) evaluated the evidence on the efficacy, effectiveness, cost-effectiveness, and safety of ultrasound and shock wave to treat low back pain (LBP). The authors concluded that available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. They stated that high-quality RCTs are needed to assess their efficacy versus appropriate sham procedures, and their effectiveness and cost-effectiveness versus other procedures shown to be effective for LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case, the treating physician has not provided medical documentation to meet the above ODG and evidence based medicine recommendations. As such the request for Extracorporeal Shock Wave Therapy for orthopedic (ECSWT) once a week for four to six weeks is not medically necessary and appropriate.

**Urine Drug Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), would

indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009 recommends for stable patients without red flags. Twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December. The patient has been on opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for urine drug test is not medically necessary and appropriate.

**MRI of Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Ankle Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, MRI.

**Decision rationale:** MTUS/ACOEM Guidelines concerning the use of MRI in ankle injuries Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. ODG states Indications for imaging -- MRI (magnetic resonance imaging): "Chronic ankle pain, suspected osteochondral injury, plain films normal; Chronic ankle pain, suspected tendinopathy, plain films normal; Chronic ankle pain, pain of uncertain etiology, plain films normal; Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative; therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the treating physician has not provided medical documentation to justify an MRI of the ankle at this time. As such, the request for MRI of left ankle is not medically necessary and appropriate.