MAXIMUS Federal Services

Case Number:	CM14-0079987		
Date Assigned:	08/06/2014	Date of Injury:	06/03/2013
Decision Date:	12/30/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 injured worker is a 46-year-old female who reported an injury on 06/03/2013 due to an unknown mechanism. The diagnoses were neck sprain, lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, sprain of unspecified site of knee and leg, unspecified site of ankle sprain, and unspecified site of foot sprain. Past treatments were extracorporeal shockwave therapy. CT of the cervical spine on 12/30/2013 revealed at the C3-4, C4-5, C5-6, and C6-7 posterior disc bulge 1 mm to 2 mm without evidence of canal stenosis or neural foraminal narrowing. At the C5-6, there was a 1 mm to 2 mm posterior disc bulge that revealed mild to moderate right and mild left neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Bilateral exiting nerve root compromise was seen. A CT of the right shoulder revealed supraspinatus tendinitis and infraspinatus tendinitis. CT of the left shoulder revealed the same as the right shoulder. CT of the lumbar spine on 01/03/2014 revealed at the L4-5, a 3 mm to 4 mm posterior disc bulge resulting in mild to moderate right and moderate left neural foraminal narrowing. CT of the right and left knee revealed osteoarthritis. The clinical note submitted for review was handwritten and difficult to read. Physical examination dated 03/10/2014 reported complaints of constant pain in the cervical, lumbar, and bilateral wrists. There were reports of pain with activities of daily living. It was reported the pain was decreased with a topical medication to 5/10. The injured worker had multiple complaints of multiple areas of pain. Treatment plan was for the injured worker to wear a brace at work and no prolonged standing or walking, no climbing, bending, or stooping. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for four weeks (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The decision for Acupuncture twice a week for four weeks (8 sessions) is not medically necessary. California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The submitted clinical documentation was hand written and illegible. There was a lack of documentation of an objective assessment of the injured worker's pain and functional status. Previous conservative care modalities and medications were not reported. Therefore, this request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines for performing FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The decision for a functional capacity evaluation is not medically necessary. ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. It is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. The submitted clinical documentation was hand written and illegible. There was a lack of documentation of an objective assessment of the injured worker's pain and functional status.

Previous conservative care modalities and medications were not reported. Therefore, this request is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The decision for Omeprazole 20mg #660 is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker 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's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Therefore, this request is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for Tramadol ER 150 mg #30 is not medically necessary. California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The submitted clinical documentation was hand written and illegible. There was a lack of documentation of an objective assessment of the injured worker's pain and functional status. Previous conservative care modalities and medications were not reported. Therefore, this request is not medically necessary.

Terocin Patches - Menthol 4% and Lido 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The decision for Terocin Patches-Menthol 4% and Lido 4% is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drugs such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, this request is not medically necessary.

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 Urine Drug Test Page(s): 43.

Decision rationale: The decision for Urine Drug Test is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use. Medications for the injured worker not reported. Therefore, this request is not medically necessary.

CYTP 450: Upheld

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 Official Disability Guidelines (ODG) Pain, Pharmacogenetic Testing, Opioid metabolism

Decision rationale: The decision for CYTP 450 is not medically necessary. The Official Disability Guidelines state that pharmacogenetic testing for opioid metabolism is not recommended except in research setting. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain due to the complexity of this multifaceted

phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Medications for the injured worker were not reported. There is a lack of documentation detailing a clear indication for the necessity of CYTP 450. The clinical did not provide any information. Therefore, this request is not medically necessary.

Advanced DNA collection Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines genetic testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The decision for Advanced DNA collection Kit is not medically necessary. Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. There is a lack of documentation detailing a clear indication for the necessity of Advanced DNA testing for the injured worker. The clinical documentation did not provide any information. Therefore, this request is not medically necessary.

Ophthalmologist Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines E&M visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

Decision rationale: The decision for Ophthalmologist Evaluation is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with soon as clinically feasible. There is a lack of documentation detailing a clear indication for the necessity of ophthalmologist evaluation. The clinical documentation did not provide any information. Therefore, this request is not medically necessary.