MAXIMUS Federal Services

Case Number:	CM13-0020475		
Date Assigned:	01/15/2014	Date of Injury:	11/05/1998
Decision Date:	01/29/2015	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/04/2013

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 5, 1998.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of chiropractic manipulative therapy and physical therapy over the life of the claim.In a utilization review report of August 26, 2013, the claims administrator partially certified a request for Norco for weaning purposes, partially certified a request for Zanaflex, partially certified a request for Zoloft, denied a nephrology consultation, denied a request for manipulative therapy, and denied a request for physical therapy, denied a psychological consultation and 20 sessions of psychologically counseling, and denied a muscle stimulator. The applicant's attorney subsequently appealed.In clinical progress note of July 24, 2013, the attending provider notes that the applicant is pending shoulder surgery. The applicant has low back complaints, shoulder complaints, neck complaints, ankle complaints, heel complaints, GI upset, depression, and anxiety, it is stated. The applicant states that the opioid medications help him to perform activities of daily living. The applicant states that his pain levels range from 4/10 with medications to 7 to 8/10 without medications. The applicant states that he would unable to do shopping or house cleaning without the medications. The applicant has nausea, at times, it is stated. It is stated that the applicant has occult blood in the urine despite having continued discontinued NSAIDs for two weeks. It is stated that the applicant needs a nephrology consultation to further workup his hematuria. He is placed off of work, on total temporary disability, while additional manipulation and physical therapy are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

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

Decision rationale: As noted on page 80 of 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 effected as a result of ongoing opioid usage. In this case, it appears, on balance that two of the three aforementioned criteria have been met. The applicant does report appropriate reduction in pain scores, from 7 to 8/10 to 4/10, as a result of ongoing opioid usage. The applicant does also report improved performance of non work activities of daily living including cleaning and housekeeping, although the applicant has not returned to work, it is acknowledged. On balance, however, continuing opioid therapy does appear to be indicated, as two of the three aforementioned criteria have been met. Therefore, the request is medically necessary.

Zanaflex 2 mg up to 30 per month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ antispasmodic drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, as is present here. In this case, the attending provided has posited that the applicant is deriving appropriate analgesia and improved performance of non-work activities of daily living as a result of ongoing tizanidine usage. The attending provider is only providing the applicant with a limited amount of tizanidine each month. Thus, the applicant only appears to be using it for acute flares of pain and/or muscle spasm if and when they arise. Continued usage of tizanidine or Zanaflex is indicated and appropriate in this context. The request is medically necessary.

Zoloft 15 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted on page 402 of the MTUS-adopted ACOEM Guidelines in Chapter 15, antidepressants "may take weeks to exert their maximal effect." In this case, the applicant has longstanding issues with depression, anxiety, etc. Continued usage of Zoloft, an antidepressant, is indicated to combat the same. Therefore, the request is medically necessary.

Nephrology Consultation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines: "if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." In this case, the applicant is reporting issues with hematuria, which have persisted for several weeks, despite the applicant having ceased NSAID therapy. Obtaining a neurology evaluation to further evaluate and treat the applicant's hematuria is indicated and appropriate. The request is medically necessary.

Six sessions of Chiropractic Manipulative therapy, conversely: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58,59,60.

Decision rationale: As noted on pages 58, 59, and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of manipulative therapy is evidence of successful return to work. Page 50 of the MTUS Chronic Pain Medical Treatment Guidelines states that "one to two visits every six months" can be approved in those applicants who achieve and/or maintain successful return to work following introduction of manipulative therapy. In this case, however, the fact that the applicant is off of work, on total temporary disability, implies the previous manipulative therapy treatments were unsuccessful. Therefore, the request is not medically necessary.

Six additional sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for the diagnosis of myalgias and/or myositis of various body parts, seemingly present here, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does note that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has failed to achieve any such functional improvement as defined by the parameters established in MTUS 9792.20f. The applicant remains off of work, on total temporary disability, several years removed from the date of the injury. The applicant remains highly reliant on various medical treatments and mediations. Continuing physical therapy without evidence of functional improvement is not indicated. Therefore, the request is not medically necessary.

Psychological consultation and up to 20 sessions of psychological counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guideliens (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted on page 405 of the MTUS-adopted ACOEM Guidelines in chapter 15, the frequency of visit should be determined by the "severity of symptoms" whether the patient was referenced for further testing and/or psychotherapy and whether the patient is missing work". Interval follow up visits allow the physician to reassess the applicant and determine whether treatment is effective. In this case, the 20-session course of treatment does not permit the attending provider with an opportunity to reassess the applicant to ensure that the psychotherapy is, in fact, effective. The 20-session course of psychotherapy treatment proposed by the attending provider, thus, does not conform to ACOEM guidelines on the frequency of follow up visits. Therefore, the request is not medically necessary.

Muscle Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES Devices) Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: Muscle stimulation represents a form of neuromuscular electrical stimulation (NMES). As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is "not recommended." Neuromuscular stimulation is recommended only in the post-stroke rehabilitative context. In this not recommended in the chronic pain context present here. Therefore, the request is not appropriate owing to the unfavorable guideline recommendation. Therefore this request is not medically necessary.