

<b>Case Number:</b>	CM14-0148970		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 & 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:

This case involves a 48-year-old female with a 2/17/14 date of injury. According to a progress report dated 7/30/14, the patient had neck and back pain radiating to both upper extremities and lower extremities with paresthesias. She also had headaches, anxiety, and stress. Objective findings: tender cervical and lumbar paraspinals, tender trapezials, diminished range of motion of the cervical spine and lumbar spine with muscle guarding. Diagnostic impression: cervical spinal strain, lumbar spinal strain, cervical and lumbar radicular pain, and headaches. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 8/14/14 denied the requests for physical therapy, Tramadol, Prilosec, naproxen, and Methoderm. Regarding physical therapy, there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Response to prior treatment is not documented. Regarding tramadol, the current documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects. Regarding Prilosec, the patient does not have complaints of gastritis, GERD, or dyspepsia or meet specific criteria for prophylactic use. Additionally, the request for naproxen has been non-certified. Regarding naproxen and Methoderm, the current documentation does not identify quantifiable pain relief and functional improvement with the chronic use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy 2-3 times a week for 6 weeks DX: Cervical, Lumbar: 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical Therapy; Low Back Chapter, Physical Therapy; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals; frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals; and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allows for fading of treatment frequency. This patient has had prior physical therapy treatment; however, it is unclear how many sessions she has previously completed. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and cervical sprains. This is a request for 12 to 18 additional sessions and exceeds guideline recommendations. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to fully transition to an independent home exercise program at this time. Therefore, this request is not medically necessary.

**Tramadol 50mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, NSAIDS Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Tramadol, the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 50mg is not medically necessary.

**Prilosec 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms, and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Omeprazole

**Decision rationale:** CA MTUS and the Food and Drug Administration (FDA) support proton pump inhibitors (PPI) in the treatment of patients with gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. Omeprazole is a PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Regarding Omeprazole, there is no documentation that this patient has gastrointestinal complaints. Therefore, this request is not medically necessary.

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS

**Decision rationale:** CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Regarding naproxen, there is no documentation of functional improvement or gains in activities of daily living from its use. Therefore, this request is not medically necessary.

**Menthoderm Topical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of topical salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding Methoderm, a specific rationale as to why this patient requires this specific brand name medication, as opposed to a generic over-the-counter equivalent, was not provided. Therefore, this request is not medically necessary.