MAXIMUS Federal Services

Case Number:	CM14-0184696		
Date Assigned:	11/13/2014	Date of Injury:	11/07/1996
Decision Date:	01/21/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 52 year old female who was injured on 11/7/96 while playing golf as she was hit with a golf ball in her right eye. She was diagnosed with myalgia and myositis (fibromyalgia syndrome), orbital fracture and loss of use of left eye, clenching and bracing of the facial musculature, myofascial pain, internal derangement of the TMJ disc, capsulitis/inflammation of the TMJ, xerostomia, sleep disorder, post-concussional syndrome, and depression with anxiety. She also has a medical history significant for sarcoidosis and peptic ulcers. She was treated with surgery (eye), physical therapy, medications, massage, facial orthotic, The worker was seen by her rheumatologist for a routine visit complaining of her continued and chronic total body pain, chronic fatigue, problem sleeping, and "morning gel phenomenon" (stiffness), all of which was not reported to have changed. Her pain involved her head, neck with radiation to shoulders, upper back, elbows, hands with associated tingling and numbness in the morning, low back, pelvis, bilateral knees, leg cramping at night, and dental pain. She also complained of difficulty breathing. Physical findings included no new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities, trigger point tenderness in 12 areas (not specified), and lung examination was clear to auscultation. She was then recommended as she had been recommended months prior, continuation of Prilosec and tramadol, referral to pulmonologist, psychiatrist, and ophthalmology, a new mattress, massage therapy, transportation to and from appointments, and housekeeping and gardening help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics, Pain section, insomnia treatment

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, she had been taking Lunesta chronically leading up to this request with a recent report of her having sleeping difficulties, however not described more than that in the progress note. Due to the general recommendations suggesting no long-term use of this medication, and a report of continual problems with sleeping, the Lunesta will be considered not medically necessary.

Pulmonologist Consultation and treatment for sarcoid: 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), Pulmonary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, she had complained of difficulty breathing. There was no discussion in the progress note from 8/22/14 evaluating the cause, however the possible causes may include her known sarcoidosis worsening and tobacco use, for which there was evidence of. Although referral to a pulmonologist to evaluate the cause may be warranted, the connection between her sarcoidosis or tobacco use or any other cause of her difficulty breathing was not clearly connected to her injury. Also, a request for an open-ended treatment after the consultation is not appropriate until after the consultation is complete. Therefore, the pulmonologist consultation with treatment for sarcoidosis request is not medically necessary.

Tramadol 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no evidence to suggest this full review was completed at the time of this request for renewal of Tramadol. Most importantly, there was no documented report on how Tramadol affected her overall function or pain levels, which is required before considering for continuation. Therefore, without evidence of functional benefit, the Tramadol will be considered not medically necessary.

Dentist Consultation and treatment for gum problems: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group and Clinics caries guideline. Minneapolis (MN): HealthPartners Dental Group; 2013 Dec, page 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, who had a diagnosis of xerostomia, caused by her medication use (Tramadol) and possibly her fibromyalgia, there seems to be a need for a periodic consultation with her dentist for this. The most recent visit with a dentist, as documented in the notes provided for review, appeared to be in 2008; therefore, a follow-up consultation might be warranted. However, there was no report from the worker that she was in need for this, and no subjective or objective evidence in the recent progress note from 8/22/14 suggesting any change in her dentition or gums that would suggest a follow-up with the dentist specifically for her gums and xerostomia was needed at that time. Also, the request

included an open-ended request for "treatment for gum problems", which is not appropriate until the dentist recommends a specific treatment to be reviewed separately. Therefore, considering all of the above, the referral to a dentist with treatment of gums is not medically necessary.

Ophthalmologist Consultation and treatment of right eye: 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), Eye

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, who has a history of trauma to the right eye, however, there was no subjective or objective evidence in the recent progress note from 8/22/14 suggesting any change in her eye would suggest a follow-up with the specialist was needed at that time. Also, the request included an open-ended request for "treatment of right eye", which is not appropriate until an ophthalmologist recommends a specific treatment to be reviewed separately. Therefore, considering all of the above, the referral to an ophthalmologist with treatment of right eye is not medically necessary, based on the evidence from the documents provided for review.

Psychiatrist Consultation and treatment for depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 15 Stress Related Conditions Page(s): 398 and 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker who had previously been diagnosed with depression, there was no documented evidence from the notes provided for review that she was experiencing any change in her symptoms that required a consultation with a

psychiatrist to help manage this. There were no details provided in the notes that showed her previous and current treatments for her depression, and certainly no evidence that she was failing treatment and experiencing depression as it was not reported in the recent notes. Also, the request included "treatment for depression" which is not specific and premature as this can only be reviewed after the specialist makes a specific recommendation. Therefore, the consultation with the psychiatrist with treatment for depression is not medically necessary.

Transportation to and from all doctors' appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee section, Transportation (to and from appointments)

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, there was no evidence of any specific physical limitation that did not allow her to transport herself to and from appointments, as this was not documented in the notes provided for review. There was no explanation as to why the request for transportation was justified with this worker, and was not able to have a friend or relative transport her, if there in fact was enough disability to prevent driving a vehicle herself. Therefore, the transportation to and from appointments is not medically necessary without this explanation/justification.

Unknown housekeeping and gardening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS also clarifies that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Neither the MTUS Guidelines nor the ODG address other services that would not be qualified as medical such as housekeeping and gardening to be performed by a non-healthcare worker. In the case of this worker, there was a request for "housekeeping and gardening", but without specifying who would be requested to

perform these duties. Regardless, due to these activities not being medically necessary for the treatment of her injuries and medical conditions, the housekeeping and gardening is not medically necessary.

Massage Therapy sessions x 36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower back section, Massage, AND Neck and Upper Back section, Massage

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. The ODG also allows massage therapy to continue beyond the trial period up to a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. The worker in this case has completed other (unnumbered) massage treatments over many months, and this was a request to continue them, according to the notes provided for review. There was no documented evidence of the massage therapy producing improvement in her overall function, according to the notes provided for review as this was not commented on at all. Therefore, it is difficult to assess for medical necessity without a report on the worker's measurable function with and without massage and will be considered medically unnecessary. Also, although no precise number of completed massage therapy sessions was included in the documentation, it is likely that she has exceeded the recommended number and duration. Therefore, this request is not medically necessary.

Unknown prescription for Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pumps Inhibitors, Omeprazole (Prilosec)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence that she was taking an NSAID, and there was no explanation found in the notes explaining the cause of her previous peptic ulcer. There was no evidence

found that suggested currently the worker was at an elevated risk for gastrointestinal events, which is required in order to justify long-term use of a proton pump inhibitor. Therefore, without this evidence for need, the Prilosec will be considered not medically necessary. Also, there was no dose or number of pills included in the request.

New mattress: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Mattress selection

Decision rationale: The MTUS Guidelines do not address new mattresses as standard therapy for low back injuries/pain. The ODG, however, states that mattress selection is not recommended as the sole criteria. Unfortunately, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain, and mostly depends on personal preference and individual factors. In the case of this worker, she was recommended more than once to sleep on a new mattress. Although she may very well have less pain with a new mattress, there was no description of this request that might have convinced the reviewer to make this case an exception. Therefore, due to lack of evidence to support this request, the new mattress is not medically necessary.