

Case Number:	CM14-0193095		
Date Assigned:	11/26/2014	Date of Injury:	12/07/2011
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational and Environmental Medicine, has a subspecialty in Medical Toxicology and is licensed to practice in Ohio. 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 individual is a 62 year old female who sustained an industrially related injury on December 7th 2011 involving her neck and upper back. She has ongoing complaints of cervical (6/10) and thoracic (5/10) pain with radicular symptoms, cervicogenic headaches. The most recent physical examination in the available medical record notes cervical tenderness, reduced range of motion in cervical and thoracic spine. Spasm is noted in cervical and thoracic paraspinal muscles. The available record does not indicate any prior use of acupuncture. It is noted that she has failed first line NSAIDS as well as first line PPI's. She is using tramadol and naproxen for pain. Chiropractic therapy, a TENS unit and acupuncture are being requested to aid pain management during flairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release cervical and thoracic spine 2 x 4, during flare up, up to 5 times per year (40): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation

Decision rationale: MTUS guidelines do not specifically address cervical neck manipulation, but does discuss manual therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." It is unclear, based on the medical record, if the trial therapy of this manual modality has been completed or not. The treating physician does not note any improved objective findings, which is necessary for ongoing therapy and as this request is for future therapy it is impossible to determine medical need as the individual may demonstrate different patterns of exacerbation. As such, the request for 2x4x5 visits per for myofascial release during flare up is deemed not medically necessary.

Chiropractic treatment 2 x 4 during flare up, up to 5 x a year (40): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." ODG writes, "it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Medical records indicate that that patient has undergone extensive cervical chiropractic treatment. Therefore, it is unclear if the trial therapy has been completed or not. The guidelines can allow

for therapy up to 25 sessions, but the treatment notes do not indicate applicable medical conditions for such quantity of treatment as the recommendation for treatment in the setting of radiculopathy is 18 visits. The treating physician does not detail any improved objective findings, which is necessary for ongoing therapy. As such, the request for 2x4x5 visits per year Chiropractic Treatment during flare up is deemed not medically necessary.

Acupuncture 2 x 4 for cervical and thoracic spine up to 5 x a year during flare up (40):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications is not tolerated. ODG states regarding Acupuncture of the neck and upper back, "Under study for upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks." Medical notes does not appear to indicate prior acupuncture sessions. The request for 8 visits is in excess of the recommended 3-4 sessions. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for acupuncture for Acupuncture treatment 2x4 visits 5x per year is deemed not medically necessary.

(Retro) TENS Unit x 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis.

The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: in regard to neck pain it states; Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. This individual is noted to have cervical radicular symptoms making this therapy not recommended in this case. As such, the request for 30 day trial of Tens Unit is deemed not medically necessary.

Tramadol ER 150mg #60 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." This request alone exceeds the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief or increased level of function. Further, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol #60 x2 is deemed not medically necessary.

Naproxen 550mg # 90 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician not document failure of primary (Tylenol) treatment but does document failure of naproxen therapy. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. Radicular symptoms are present, but as MTUS outlines, the evidence for NSAID use in neuropathic pain is inconsistent and given the past treatment failure would not be recommended. Finally, there are also no medical documents indicating the rationale for a prescription of naproxen on 6/18/2013, to include the intended use. As such, the request for #90 with 2 refills Naproxen 550mg. is not medically necessary.

Cyclobenzaprine 7.5mg # 90 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: Up To Date, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "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." The medical documents indicate that patient is in excess of the initial treatment window and period; this request alone is in excess of recommendations. 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) Up to date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. As such, the request for cyclobenzaprine 7.5mg #90 is deemed not medically necessary.