

Case Number:	CM14-0195909		
Date Assigned:	12/16/2014	Date of Injury:	04/20/2013
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 47-year-old female with the date of injury of April 20, 2013. According to treating physician progress report dated September 18, 2014, the patient presents with ongoing neck and low back pain. Treatment history includes chiropractic therapy, acupuncture therapy, medications and ESI. The patient's current medication regimen includes Norco, Prilosec, Ketaprofen, and Lidopro topical cream. The patient reports that medications help to reduce her pain. Current pain is rated as 7/10. Physical examination revealed decreased range of motion in the neck and lower back. There is decreased sensation in the left L3 dermatome. There was positive straight leg raise on the left at 60 with pain to the calf. Facet loading test is positive bilaterally. The list of diagnoses are lumbar herniated disc, lumbar radiculopathy and rule out intradiscal injury of the cervical and thoracic spine. Treatment plan is for acupuncture, medications and follow up evaluation with orthopedic surgeon. The patient is temporarily totally disabled. Utilization review denied the request on October 23, 2014. Treatment reports from June 26, 2014 through November 11, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 4 weeks to the Thoracic & Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines MTUS Guidelines, 9792.24.1 Page(s): 8; 13.

Decision rationale: This patient presents with neck and low back pain. The current request is for acupuncture two times per week for four weeks to the thoracic and lumbar spine. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. The patient reported "previous acupuncture therapy to the lower back at another facility with benefit." The treating physician made a request for additional 8 treatments "to decrease pain and increase functional capacity." For additional treatment, MTUS requires functional improvement as defined by Labor Code 9792.20(e) as significant improvement in ADLs, or change in work status AND reduced dependence on medical treatments. Given the treater has not documented functional improvement AND reduction in medical treatments, the additional sessions cannot be supported. This request is not medically necessary.

CM4 Capsaicin 0.05% with Cyclobenzaprine 4% (quantity unknown): 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 creams Page(s): 111.

Decision rationale: This patient presents with neck and low back pain. The current request is for CM4 capsaicin 0.05% with cyclobenzaprine 4% (quantity unknown). The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, cyclobenzaprine is not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication is not medically necessary.

Fenoprofen Calcium 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with neck and low back pain. The current request is for Fenoprofen calcium 400mg #60. The Utilization review denied the request stating that function improvement with this medication was not documented. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "antiinflammatories are the traditional first-line of treatment to reduce pain, so activity and functional restoration can resume, but long-term

use may not be warranted. MTUS recommends antiinflammatories as a first-line of treatment to reduce pain. The progress reports note that "medication helps her reduce her pain and improve her daily function." Given the patient has continued pain and there is documentation of this medication's efficacy, the requested fenoprofen calcium is medically necessary.

Hydrocodone/APAP 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 78; 60-61.

Decision rationale: This patient presents with neck and low back pain. The current request is for Hydrocodone/APAP 5/325mg #30. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been using Hydrocodone since at least 6/26/14. Progress reports 6/26/14, 8/7/14 and 9/18/14 each notes that "medication helps her reduce her pain and improve her daily function." The patient current pain is noted as 7/10. Possible side effects are addressed at the end of each report. In this case, recommendation for further use of Hydrocodone cannot be supported as the treater does not provide any discussion regarding specific functional improvement or changes in ADLs. Progress reports indicate a current pain level but there is no before and after pain scale to denote decrease in pain. Urine drug screens and CURES report are not addressed as required by MTUS for opiate management and there are no discussions of possible aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined by MTUS for continued opiate use. The requested Hydrocodone is not medically necessary and recommendation is for slow weaning per the MTUS Guidelines. Therefore this request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk,.

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

Decision rationale: This patient presents with neck and low back pain. The current request is for Omeprazole 20mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been

taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.

Follow up Evaluation with an Orthopedic Surgeon for the Lumbar Spine: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 Follow up Evaluation

Decision rationale: This patient presents with neck and low back pain. The current request is for follow up evaluation with an orthopedic surgeon for the lumbar spine. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the 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 the progress report dated 9/18/14, the treating physician recommended that the patient have a pain management consultation with [REDACTED] "to evaluate the patient for her lumbar injury. The patient wishes to avoid surgery at this time. The patient is a good candidate for pain management." In this case, a follow up orthopedic surgeon visit is not indicated as the patient does not want to consider surgical intervention at this time. The treating physician has referred her to a management specialist for further evaluation and management of her injury. This request is not medically necessary.