MAXIMUS Federal Services

Case Number:	CM14-0197677		
Date Assigned:	12/05/2014	Date of Injury:	07/26/2014
Decision Date:	02/17/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice 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 57 year old female who was injured on 7/26/2014 after falling off of a ladder, landing on her buttocks. She was at first diagnosed with fracture of the coccyx based on imaging studies, coccyx sprain/strain, and dislocation of coccyx (open). She was treated with various medications, injections, and work restrictions, but continued to experience low back pain for many weeks after the injury. On 10/2/2014, the worker was seen by her orthopedic physician reporting having been injured not only in her coccyx, but also her neck, right wrist/hand, mid and low back, both ankles, and abdomen. She also complained of lack of sleep due to the pain she experienced in all these body parts. She rated most of her pain being 8-9/10 on the pain scale except for her abdominal pain, which was rated 6/10 on the pain scale. She also reported weakness, numbness, and tingling of her right wrist/hand/fingers and radiation of low back pain to both her hips. Physical examination revealed tenderness at carpal tunnel and first carpometacarpal joint of right hand with mild thenar atrophy noted, diminished sensation of C5-T1 dermatomes of bilateral upper extremities, tenderness to thoracic paraspinal and mid trapezius muscles, tenderness to paralumbar muscles and quadratus lumborum bilaterally with ambulation with a cane and ability to heel-toe walk, positive Tripod sign, positive Flip test, positive Lasegue's differential, tenderness to the anterior talofibular ligament and right mortise joint as well as to the plantar fascia, positive anterior and posterior drawer tests of both ankles, decreased sensation along L4-S1 dermatomes bilaterally, and normal abdominal examination (nontender). She was then diagnosed with headaches, cervical spine sprain/strain, right wrist and hand pain, possible right wrist carpal tunnel syndrome, right wrist De Quervain's tenosynovitis, Thoracic sprain/strain, low back pain, lumbar sprain/strain with possible radiculopathy, bilateral ankle sprain/strain with possible internal derangement, abdominal pain, urinary incontinence, mood disorder, anxiety disorder, stress, and sleep disorder. She was then prescribed many

medications and was recommended to have x-rays of her cervical spine, right wrist/hand, thoracic spine, lumbar spine, and right and left ankles. She was also recommended an MRI of the same areas, EMG/NCV testing of both upper and lower extremities, referral for functional capacity evaluation, referral to a psychologist and urologist, have acupuncture, undergo shockwave therapy to right wrist/hand and both ankles as well as for her cervical and lumbar spine, use a lumbar brace, use a TENS unit, use a hot and cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation www.drugs.com/pro/deprizine.html

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) or H2-blocker 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 using any NSAID and she was recommended topical ketoprofen only. There was also no evidence to suggest with or without this medication; she was at an elevated risk for gastrointestinal events. Therefore, Deprizine is not medically necessary.

Dicopanol compound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/dicopanol.html

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 and Stress, Insomnia treatment

Decision rationale: The MTUS Guidelines are silent regarding diphenhydramine for insomnia. The ODG, however, states that for the treatment of insomnia, "over-the-counter sedating antihistamine use seems to lead to the development of tolerance within a few days as well as involves the risk of next-day sedation with impaired psychomotor and cognitive function." Anti-histamines are not first line therapy for the treatment of insomnia and are not recommended for the elderly. In the case of this worker, she had complained of insomnia related to her pain caused by her injury. However, there was no indication that she required a sleep aid since she hadn't yet utilized enough pain-reducing medication. It is unnecessary to prescribe multiple medications at

the same time if one might take care of more than one problem. Therefore, the Dicopanol is not medically necessary.

Fanatrex compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs. Decision based on Non-MTUS Citation www.drugs.com/pro/fanatrex.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are "recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised." Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, prescribing gabapentin seems premature considering she did not have clear evidence of neuropathic pain. There were physical examination findings which suggested this but they did not correlate with her subjective complaints. Nerve testing might be more appropriate to confirm the type of pain before offering an anti-epileptic. Therefore, at this time, the Fanatrex is not medically necessary.

Synapryn cpompound: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, "there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome." Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that "there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids." Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was insufficient evidence to suggest that she

had already tried other first-line conservative therapies for her multiple strains, rather than using tramadol. Therefore, at this time the Synapryn is not medically necessary.

Tabradol compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a "second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects." Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker it seemed reasonable to consider a short-course of a muscle relaxant since there was no evidence of her using it for this injury, however, since it has been about 2 months since her injury, it wouldn't be considered in the acute phase of her injury. Also, there was no evidence to suggest the worker was experiencing an acute exacerbation of her pain since it appears to be more chronic in nature and no history of re-injury. Also, there was no amount and intended duration included in the request. Therefore, the Tabradol and cyclobenzaprine compounds both will be considered not medically necessary at this time.

Cyclobenzaprine compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a "second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects." Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker it seemed reasonable to consider a short-course of a muscle relaxant since there was no evidence of her using it for this injury, however, since it has been about 2 months since her injury, it wouldn't be considered in the acute phase of her injury. Also, there was no evidence to suggest the worker was experiencing an acute exacerbation of her pain since it appears to be more chronic in nature and no history of re-injury. Also, there was no amount and intended duration included in the request. Therefore, the Tabradol and cyclobenzaprine compounds both will be considered not medically necessary at this time.

Ketoprofen cream: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are "generally considered experimental as they have few controlled trials to determine efficacy and safety currently." Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker a consideration for an oral NSAID at least for temporary use might have been a reasonable request. However, topical Ketoprofen is not recommended for use, and therefore, is not medically necessary.

Terocin patches: 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): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is "not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica)." Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was not clear evidence of neuropathic pain as the subjective complaints and the objective physical examination seemed to not correlate very well. Nerve testing might be most appropriate to help make the diagnosis of neuropathic type pain. Since this diagnosis is not clear at this point, consideration of treatments such as lidocaine seems premature and inappropriate. Also, a failure of first-line therapies for neuropathic pain would be required before consideration of topical lidocaine. Therefore, the Terocin patches are not medically necessary at this time.

Acupuncture for the cervical, lumbar, thoracic spine, right wrist/hand, and left ankle; 3 times per week for 6 weeks, 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state "acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was a request for 18 acupuncture sessions for her associated injuries. As there was no evidence of prior acupuncture for this injury and it being her first trial run, 6 or less sessions would have been more appropriate of a request. Therefore, the request for 18 sessions of acupuncture is not medically necessary.

Shockwave therapy for the cervical, thoracic, lumbar spine, right wrist/hand and left ankle; 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back Procedure Summary, Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Shock wave therapy AND Ankle and Foot section, Extracorporeal shock wave therapy

Decision rationale: The MTUS is silent regarding shock wave therapy for low back pain but states that there is limited high quality evidence for treating plantar fasciitis using shock wave therapy for the reduction of pain and improvement of function. The ODG, however, states that it is not recommended for low back pain due to the available evidence not supporting the effectiveness of ultrasound or shock wave for treating low back pain. The ODG also states that ESWT is not recommended if using high energy, but is recommended if using low energy ESWT as an option for chronic plantar fasciitis based on more up to date research. Low energy ESWT is also effective and may be recommended for neuropathic ulcers. The ODG lists the criteria for the use of ESWT: 1. At least 6 months of persistent plantar fasciitis with continued foot pain, 2. At least three conservative treatments have been performed prior to the use of ESWT (rest, ice, NSAIDs, orthotics, physical therapy, and corticosteroid injection), 3. Contraindicated in pregnant women, patients younger than 18 years of age, patients with blood clotting disease, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; patients with cardiac pacemakers; patients who had physical or occupational therapy within the past four

weeks; patients who received a local steroid injection within the past six weeks; patients with bilateral pain; and patients who had previous surgery for the condition, and 4. Maximum of three therapy sessions over three weeks. Low energy ESWT without local anesthesia recommended. In the case of this worker, there was no evidence to suggest the worker had any diagnosis which might warrant a trial of shock wave therapy, and the requested body parts on which this modality was intended to be used, were not appropriate for this modality. Therefore, the shock wave therapy is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering any imaging study is: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. MRI imaging is recommended for most of these indications. X-ray might be recommended when suspecting fracture, however CT scan may also be recommended for bony structure changes. In the case of this worker, there was no subjective or objective evidence from the office visit which suggested an occult fracture of the cervical spine was present, which would be the only reason to get an x-ray of the spine. There was no bony tenderness on examination or any history which suggested she might have reinjured the area. Therefore, the request for cervical x-rays is not medically necessary.

X-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering any imaging study is: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. MRI imaging is

recommended for most of these indications. X-ray might be recommended when suspecting fracture, however CT scan may also be recommended for bony structure changes. In the case of this worker, there was no subjective or objective evidence from the office visit which suggested an occult fracture of the cervical spine was present, which would be the only reason to get an x-ray of the spine. There was no bony tenderness on examination or any history which suggested she might have reinjured the area. Therefore, the request for thoracic x-rays is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In the case of this worker, there was no subjective or objective evidence from the office visit which suggested an occult fracture of the lumbar spine was present, which would be the only reason to get an x-ray of the lumbar spine. There was no bony tenderness on examination or any history which suggested she might have reinjured the area. Therefore, the lumbar x-ray is not medically necessary.

X-ray of the right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Forearm, Wrist & Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with wrist problems, special studies such as x-rays are not needed until after a four to six week period of conservative care and observation, but may be initially considered in cases of suspected fracture. . In the case of this worker, there was no subjective or objective evidence from the office visit which suggested an occult fracture of the right hand/wrist area was present, which would be the only reason to get an x-ray of this area. There was some joint and soft tissue tenderness of this area, but no frank bony tenderness on examination or any history which suggested she might have reinjured the area. Therefore, the hand/wrist x-ray is not medically necessary.

X-ray of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. Immediately after an ankle injury, X-ray may be appropriate if the Ottawa Criteria are met or when there is sudden swelling and bruising, if the patient is 55 years old or older, if the injury was high-velocity, if there was obvious dislocation/subluxation, or if the patient cannot bear weight for more than four steps. In the case of this worker, there was no subjective or objective evidence from the office visit which suggested an occult fracture of the right ankle was present, which would be the only reason to get an x-ray of this area since her injury was about 2 months prior to this examination. There was no bony tenderness on examination, only soft tissue tenderness and joint laxity. There also was not any history which suggested she might have reinjured the area. Therefore, the right ankle x-ray is not medically necessary.