

Case Number:	CM14-0198192		
Date Assigned:	12/08/2014	Date of Injury:	09/02/2012
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
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 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 is a 45 year old male patient who sustained a work related injury on 9/2/12. Patient sustained the injury as a result of repetitive motions, which involved bending, lifting crates of medicine, squatting, and so forth. The current diagnoses include bilateral carpal tunnel syndrome (CTS), obstructive sleep apnea (OSA), sleep onset and maintenance insomnia, and anxiety and depression and low back pain with radiculopathy. Per the doctor's note dated 8/23/14, patient has complaints of pain in the forearm and wrist at 6-7/10. Physical examination of the forearm and wrist revealed positive Finkelstein, Phalen, and tinel test, full ROM, and tenderness on palpation. Physical examination of the low back revealed positive SLR test, limited ROM, and tenderness on palpation and muscle spasm. The current medication lists include Melatonin, Motrin, and Relafen. The patient has had Polysomnography or Sleep Staging Study dated 7/17/14 that revealed the test findings were consistent with mild obstructive sleep hypopnea, with moderate exacerbation during rapid eye movement (REM) sleep. The patient has had MRI of the low back on 9/27/13 that revealed disc protrusions and foraminal narrowing. The patient's surgical history includes tonsillectomy. The patient has received an unspecified number of the physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 76-78, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Opioids, criteria for use Page(s): 22; 76-80.

Decision rationale: Vicoprofen (hydrocodone and ibuprofen) is used short-term to relieve severe pain. According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories 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. (Van Tulder-Cochrane, 2000)." The level of the pain with and without medications is not specified in the records provided. The need for NSAID/Vicoprofen on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. The patient's medication list also includes Motrin and Relafen which are other NSAIDs. The response to the Motrin and Relafen without the Vicoprofen was not specified in the records provided. The rationale for the use of two NSAIDS is not specified in the records provided. According to CA MTUS guidelines cited below, "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." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The rationale for combining hydrocodone and ibuprofen in the same tablet is not specified in the records provided. The medical necessity of Vicoprofen is not established for this patient.

Lumbar spine traction for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

Decision rationale: As per cited guideline "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended" According the cited guidelines, "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a non-invasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain." Therefore mechanical traction is has not been proved effective for lasting relief in the treatment of low back pain and is not recommended by the cited guidelines. Detailed response to previous conservative therapy was not specified in the records provided. Prior conservative therapy visit notes were not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy is not specified in the records provided. The records provided did not specify any recent physical therapy with active physical therapy modalities or a plan to use the traction unit as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications (that would preclude the use of oral medications) was not specified in the records provided. The medical necessity of the request for Lumbar spine traction for home use is not fully established in this patient.