

Case Number:	CM14-0202108		
Date Assigned:	01/26/2015	Date of Injury:	07/22/2011
Decision Date:	03/06/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 22, 2011. In a utilization review report dated November 14, 2014, the claims administrator denied a lumbar support. The claims administrator referenced a November 10, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On February 6, 2014, the applicant received an epidural steroid injection. On February 12, 2014, the applicant was given prescriptions for Voltaren, Norco, and Prilosec. On December 19, 2014, the attending provider sought authorization for cervical epidural steroid injection therapy. Ultracet, Naprosyn, and Diclofenac were also endorsed. The applicant's work status was not furnished. In a handwritten note dated October 15, 2014, the applicant was placed off of work, on total temporary disability. A lumbar support, physical therapy, dietary supplements, topical compounds, and acupuncture were endorsed. On November 10, 2014, the attending provider again placed the applicant off of work while ordering additional physical therapy, topical compounds, and acupuncture. Multifocal complaints of neck and low back pain were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, October 15, 2014, following an industrial injury of July 22, 2011. Introduction, selection, and/or ongoing usage of the lumbar support was not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.

Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Topic. Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the compound, is not recommended such as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing topical compound at issue. Therefore, the request was not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topic. Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

Decision rationale: While the MTUS does not specifically address the topic, the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes that dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the treatment of the same. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support usage of Sentra. Therefore, the request was not medically necessary.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

Decision rationale: While the MTUS does not specifically address the topic of GABAdone, the Third Edition ACOEM Guidelines' Chronic Pain Chapter does acknowledge that dietary supplements and/or alternative treatments such as GABAdone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, as with the other dietary supplements, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support usage of GABAdone or other dietary supplements in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Tramadol 150 mg. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability. The handwritten progress

notes of October and November 2014 contained no mention of any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Anaprox-Naproxen 550 mg. #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management , Anti-Inflammatory Medications. Page.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as tramadol and/or the numerous topical compounds also at issue. The attending provider failed to outline any meaningful or material improvements in function achieved as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Omeprazole-Prilosec 20 mg. #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes provided contained no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the chronic pain context present here. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

Decision rationale: While the MTUS does not specifically address the topic, the Third Edition ACOEM Guidelines' Chronic Pain Chapter notes that dietary supplements and/or alternative treatments such as Sentra AM are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, as with the other requests, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

chiropractic/physiotherapy 3 times weekly for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Topic. Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate a favorable response to same by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, despite completion of earlier unspecified amounts of the same. Therefore, the request was not medically necessary.

chiropractic/physiotherapy 2 times weekly for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate a favorable response to same by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability. The applicant has, thus, by definition, responded poorly to earlier chiropractic manipulative therapy (a.k.a. physiotherapy). Therefore, the request for additional treatment is not medically necessary.

acupuncture once weekly for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As with the request for manipulative therapy, the request appears to represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d notes that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f), in this case, however, there has been no such demonstration of functional improvement as defined in Section 9792.20(f). The applicant remains off of work, on total temporary disability. The applicant remains dependent on a variety of oral and topical medications. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite completion of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.