MAXIMUS Federal Services

Case Number:	CM14-0205851		
Date Assigned:	12/17/2014	Date of Injury:	03/03/2014
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 28 year old male with an injury date on 3/3/14. The patient complains of left knee pain, especially when he walks per 11/13/14 report. The patient received a left hip injection that did not relieve his pain, which has no had significant improvement since the last exam per 11/13/14 report. The patient has back spasms with worsening back pain per 6/20/14 report. The patient has intermittent paresthesias down both legs per 8/15/14 report. Based on the 11/13/14 progress report provided by the treating physician, the diagnoses are:1. Lumbar radiculopathy. 2. enthesopathy of hip. A physical exam on 11/13/14 showed "L-spine range of motion is restricted. Sensory: reduced left L5 dermatomal distribution." The patient's treatment history includes medications, acupuncture, left hip injection, physical therapy. The treating physician is requesting naproxen 550mg #30, omeprazole OR 20mg #30 with 2 refills, tramadol 50mg #60 with 2 refills, TENS unit, and physical therapy. The utilization review determination being challenged is dated 12/4/14. The requesting physician provided treatment reports from 6/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects; me.

Decision rationale: This patient presents with left knee pain, back pain, and bilateral lower extremity pain. The treater has asked for Naproxen 550mg #30 on 11/13/14. The patient has been taking Naproxen since 6/20/14 report. The treater states the patient has failed conservative measures including oral medications per 8/15/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with chronic lower back pain. Regarding medications for chronic pain, MTUS page 60 states, "A record of pain and function with the medication should be recorded." In this case, the patient has been using Naproxen for more than 4 months without documentation of pain relief or functional improvement. The request is not medically necessary.

Omeprazole DR 20mg cap #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton Pump Inhibitors.

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

Decision rationale: This patient presents with left knee pain, back pain, and bilateral lower extremity pain. The treater has asked for Omeprazole DR 20MG #30 with 2 refills on 11/13/14. Patient has been taking Prilosec since 10/2/14 report. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. In this case, current list of medications do include an NSAID (Naproxyn). However, the treater does not provide GI assessment to warrant a prophylactic use of a PPI. There is no documentation on the reports as to how the patient is doing with the PPI, and its efficacy. The patient has been taking a PPI for 6 months, and the treater does not discuss why this medication should be continued. The request is not medically necessary.

Orphenadrine ER 100mg #60 with 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 Muscle Relaxants for pain Page(s): 63-66.

Decision rationale: This patient presents with left knee pain, back pain, and bilateral lower extremity pain. The treater has asked for Orphenadrine ER 100mg #60 with 2 refills on 11/13/14. The patient was taking Cyclobenzaprine from 6/20/14 to 9/17/14. The patient began taking Orphenadrine from 10/2/14 report. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS states: "Muscle relaxants are effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Norflex has anticholinergic effect with drowsiness as side effects."In this case, the patient has a chronic pain condition. The patient is currently taking Orphenadrine, and has been taking muscle relaxants since 6/20/14 report. The treater does not indicate, however, that this medication is for short-term usage. MTUS does not allow long-term use of sedating muscle relaxant. The request is not medically necessary.

Tramadol 50mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 60-61; 76-78; 88-89.

Decision rationale: This patient presents with left knee pain, back pain, and bilateral lower extremity pain. The treater has asked for Tramadol 50mg #60 with 2 refills on 11/13/14. The patient was taking Vicodin on 6/20/14 report. The patient began taking Hydrocodone per 8/15/14 report. The patient is no longer taking any opiates per 10/2/14 report, and is not taking any opiates currently as of 11/13/14 report. Review of the reports does not show any evidence of the patient having used Tramadol in the past. For chronic opioids use, 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. In this case, the patient has a chronic pain condition. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Tramadol appears reasonable for this patient's ongoing knee/back/lower extremity pain. The request is medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with left knee pain, back pain, and bilateral lower extremity pain. The treater has asked for TENS unit on 11/13/14. Review of the reports do not show any evidence of a prior trial of TENS unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis.In this case, the patient does not have a diagnosis of Neuropathic pain, Phantom limb pain, CRPS, Spasticity or Multiple sclerosis. The requested TENS unit trial is not indicated for this type of condition. The request is not medically necessary.

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left knee pain, back pain, and bilateral lower extremity pain. The treater has asked for physical therapy on 11/13/14. The utilization review letter dated 12/4/14 further specifies request as 12 sessions for the low back. The patient had 6 sessions of physical therapy from 4/24/14 to 5/15/14 to the L-spine, per physical therapy reports of the same dates. The 6/20/14 report states that prior physical therapy has not given significant relief. The patient had at least 1 recent physical therapy session on 9/3/14. The 10/2/14 report states the patient recently finished a "course" of physical therapy that was helpful, but the number of sessions and the part of the body targeted by therapy was not specified. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias.In this case, the patient had 2 courses of recent therapy. A course of 6 physical therapy sessions in April/May 2014 was not helpful, but a more recent course of physical therapy (at least 1 session documented in September) appeared to help. A short course of treatment may be reasonable for a flare-up, declined functionor new injury. However, the treater does not indicate any rationaleor goals for the requested 12 sessions of therapy. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.