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| Case Number: | CM14-0208722 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 09/26/2013 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 and Rehabilitation, 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:

The patient is a 54 year old female with an injury date on 09/26/2013. Based on the 10/29/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical spine musculoligamentous sprain/strain2. Thoracic spine musculoligamentous sprain/strain3. Lumbar spine musculoligamentous sprain/strain with left sacroiliac joint sprain/strain According to this report, the patient complains of neck, mid back and low back pain. The patient is "able to perform exercise program and household chores with less pain." Examination of the cervical spine reveals slightly decreased tenderness at the paravertebral musculature and Trapezius muscle. Spurling's maneuver elicits increased neck pain. Range of motion is limited. The treatment plan is to request for additional Chiropractic treatment 2x4, continue home exercise program, refill Tramadol, Anaprox, Fexmid, and Prilosec, knee brace for the left knee, and follow up in six week. The patient's work status is to "remain off work until six weeks." The 09/24/2014 report indicates the patient has "left knee post-operative pain" with the diagnosis of "status post left knee operative arthroscopy with partial medial and lateral meniscectomy." Exam of the knee reveals left peripatellar effusion with tenderness. There were no other significant findings noted on this report. The utilization review denied the request for (1) 8 Sessions of Chiropractic Treatments, (2)Ultram #30, (3) Prilosec #30, (4) Fexmid #60, and (5)Left Knee Brace on 11/26/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 09/24/2014 to 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic Treatments: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 10/29/2014 report, this patient presents with neck, mid back, low back pain, and "left knee post-operative pain." The current request is for 8 Sessions of Chiropractic Treatments "to further increase range of motion and decreased pain, as well as to improve overall functional capacity." Regarding Chiropractic manipulation, MTUS recommends it as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In reviewing the provided reports the treating physician indicates that "the patient has completed eight sessions of chiropractic treatment" and the patient noted "gradual improvement (increased range of motion and decreased pain)." In this case, the patient has had 8 sessions of chiropractic care recently and the treating physician documents that the patient has improvement with treatments. The requested 8 additional sessions are supported by the MTUS guidelines. MTUS does allow up to 18 sessions with functional improvement. Therefore, the request is medically necessary.

Ultram ER 150 MG #30: Upheld

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

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

Decision rationale: According to the 10/29/2014 report, this patient presents with neck, mid back, low back pain, and "left knee post-operative pain." The current request is for Ultram ER 150 MG #30. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of the provided reports does not mention Ultram usage and it is unknown exactly when the patient initially started taking this medication. The treating physician states that the patient is "able to perform exercise program and household chores with less pain." In this case, the documentation provided by the treating physician shows ADL's as discussed above. However, there is no documentation of pain assessment and no numerical scale is used describing the patient's function. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document

the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

Prilosec 20 MG #30: Upheld

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

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

Decision rationale: According to the 10/29/2014 report, this patient presents with neck, mid back, low back pain, and "left knee post-operative pain." The current request is for Prilosec 20 MG #30. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Anaprox (a NSAID) and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

Fexmid 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: According to the 10/29/2014 report, this patient presents with neck, mid back, low back pain, and "left knee post-operative pain." The current request is for Fexmid 7.5 MG #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicate that this medication is been prescribed for longer than the recommended 2-3 weeks. The

treating physician is requesting Fexmid #60 and this medication was first noted in this report. Fexmid is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Left Knee Brace: Overturned

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , knee chapter online for knee braces.

Decision rationale: According to the 10/29/2014 report, this patient presents with neck, mid back, low back pain, and "left knee post-operative pain." The current request is for Left Knee Brace. ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing is much broader. In this case, the patient had a "partial medial and lateral meniscectomy" and the ODG guidelines state that knee bracing is recommended following meniscal cartilage repair. The current request is medically necessary.