

Case Number:	CM14-0215826		
Date Assigned:	01/05/2015	Date of Injury:	10/13/2014
Decision Date:	03/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania

Certification(s)/Specialty: Internal 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:

This is a 48 year-old male who has reported the gradual onset of widespread pain, mental illness, and internal medicine conditions attributed to work activities, with a listed injury date of 10/13/14. Diagnoses include bilateral upper extremity overuse syndrome, carpal tunnel syndrome, cubital tunnel syndrome, lumbar spine sprain/strain, bilateral upper extremity radiculitis, and cervical spine sprain/strain. Treatment prior to the evaluation with the current primary treating physician included occupational therapy and braces. Treating physician reports during October-December 2014 reflect "temporarily totally disabled" work status. The primary treating physician report of 11/13/14 is an initial evaluation. That report documents widespread pain, mental illness symptoms, and gastritis caused by physical pain, disability, and stress. A review of systems lists "heartburn". Orthopedic symptoms were present for years. The physical examination was orthopedic in nature. The diagnoses are those listed above. The treatment plan included chiropractic for 12 visits, an interferential (IF) stimulation unit, a lumbar brace, Ultram, Prilosec, Fexmid, Voltaren, a lumbar MRI, and "temporarily totally disabled" work status. The chiropractic reports were handwritten, partially legible, and were for chiropractic services from 11/19/14 to 12/10/14. Physical therapy reports were from 11/19/14 to 12/10/14. On 11/25/14 UR addressed the medical necessity for the items now under this Independent Medical Review, as well as Prilosec and Voltaren. Prilosec and Voltaren were certified. 6 visits of chiropractic care and Ultram #90 were certified. Fexmid, a lumbar brace, and an IF unit were non-certified. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation-Cervical Spine, Lumbar Spine, Bilateral Elbows & Bilateral Wrists QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee". The treating physician has stated that the patient is (temporarily totally disabled), which implies near bed-bound status, inability to perform most ADLs, and inability to perform nearly all exercise. Given that the focus of manipulative therapy is functional improvement, (temporarily totally disabled) is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. The prescription for 12 visits exceeds the 6-visit trial recommended in the MTUS. Chiropractic manipulation is not recommended for the wrists. Based on the MTUS, the current prescription does not meet the guideline recommendations and is not medically necessary.

Home Interferential Muscle Stimulation Unit QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Page(s): 119. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Update 8/14/08. ACOEM Guidelines update, 4/7/08.

Decision rationale: The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. The "temporarily totally disabled" work status is evidence of a treatment plan not sufficiently focused on improving function. The interferential

unit is not medically necessary based on lack of medical evidence, guidelines, and a treatment plan not in accordance with guidelines.

Quick Draw Lumbar Support Brace QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,308. Decision based on Non-MTUS Citation ACOEM Guidelines, Update 4/7/08, Low Back Chapter, lumbar supports.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines cited above likewise do not recommend lumbar braces for treatment of low back pain. The lumbar brace is therefore not medically necessary.

Ultram 50mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, (mechanical and compressive etiologies), and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient (has failed a trial of non-opioid analgesics). The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "temporarily totally disabled", which fails the (return-to-work) criterion for opioids, and represents an inadequate focus on functional improvement. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side

effects, and benefits very difficult to determine. Ultram is not medically necessary based on the lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Fexmid 7.5MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Medication trials Page(s): 63,60.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS page 60 cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. In this case multiple medications were instituted simultaneously, making assessment of side effects and benefit practically impossible. Aside from any other reasons for lack of medical necessity in this case, this medication is not medically necessary for this reason alone. Fexmid is not indicated and is not medically necessary.