

Case Number:	CM15-0001027		
Date Assigned:	01/06/2015	Date of Injury:	11/26/2013
Decision Date:	03/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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:

The injured worker was a 34 year old male, who was injured on the job, November 23, 2013. The injured was causes when driving a forklift a second forklift backed into him. The injured worker was wearing a seatbelt. The injured worker suffered from middle and low back pain. The injured worker sought medical attention and x-rays were taken and medications were prescribed. The injured worker received 12 sessions of chiropractic treatments, 6 acupuncture, 6 sessions of physical therapy. The injured worker was placed on temporary total disability. The pain continued despite conservative treatment. According to the progress note of August 5, 2014 the injured worker pain level was 7 out of 10 in the thoracic and lumbar regions of the spine; 0 being no pain and 10 being the worse pain. According to the progress note of November 18, 2014, the injured workers range of motion was forward flexion 30 degrees, external 10 degrees, right lateral flexion 15 degrees, left lateral flexion 15 degrees, right rotation 15 degrees and left rotation 15 degrees. The cervical rotation was normal. On May 20, 2014, the injured worker underwent a MRI of the lumbar spine, which showed degenerative discogenic spondylosis at L1-L2 and L2-L3. There was a diffuse concentric posterior annular tear at L4-L5 with mild neural foraminal narrowing and a posterior lateral foraminal disc protrusion at L5-S1 measuring 6.7mm and contributing to neuroforaminal stenosis, moderate with lateral recess encroachment bilaterally. The injured worker was diagnosed with lumbar herniated disc with probable radiculopathy and superimposed myospasm. According to the progress note of October 23, 2014, the injured worker was taking aspirin 81mg, atenolol, insulin, metformin, simvastatin, generic Vicodin for pain and omeprazole. The documentation submitted for review did not include

radiology reports, physical therapy notes, acupuncture notes or chiropractic notes for review. On December 31, 2014, the UR denied authorization for pain management referral for an epidural steroid injection, aqua therapy 2 times a week for 6 weeks and prescriptions for Prilosec and Methoderm ointment. The epidural injection was denied due to the MTUS Chronic Pain Epidural Steroid Injections that radiculopathy must be documented by the physical examination and corroborated by imaging studies. The aqua therapy for 2 times a week for 6 weeks was denied based on the MUTS guidelines for Agua therapy, the documentation failed to support the need for aqua therapy as opposed to land exercises or specific indications to reduced weight-bearing. The Prilosec was denied due to the MTUS guidelines for Prilosec that were no indication of a complication to recovery, comorbidity or extenuating clinical circumstance or issue with the GI tract from NSAIDS use. The Methoderm ointment was denied due to, the MTUS guidelines for topical analgesics. Topical analgesics are largely experimental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management for LESI (lumbar epidural steroid injection): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM for Independent Medical Examination and Consultations regarding referrals, Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 5 Cornerstones of Disability Prevention and Management Page 75. Chapter 7 Independent Medical Examiner Page 127., Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). MTUS Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. MTUS addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The orthopedic evaluation report

dated November 18, 2014 documented a diagnosis of lumbar herniated disc with probably radiculopathy. Physical examination documented positive straight leg raise, motor weakness in the lower extremities, lumbar tenderness and spasm, and decreased range of motion. MRI magnetic resonance imaging of the lumbar spine dated May 20, 2014 documented degenerative discogenic spondylosis at L1-L2 and L2-L3. There was a diffuse concentric posterior annular tear at L4-L5. There was a posterior lateral foraminal disc protrusion at L5-S1 measuring 6.7 millimeter. Pain management consultation for consideration of epidural injections was requested. Per MTUS, the criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies. The 11/18/14 orthopedic report documented physical examination and MRI results that corroborate radicular complaints. The request for a pain management consultation is supported by the medical records and MTUS guidelines. Therefore, the request for referral to pain management for LESI lumbar epidural steroid injection is medically necessary.

Aqua therapy 2 times per week for 6 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 Aquatic therapy Page 22. Physical Medicine Pages 98-99.. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The medical records indicate that the patient has completed 30 session of chiropractic treatments and 8 sessions of PT physical therapy. Functional improvement with past physical medicine treatments were not documented. Per ODG guidelines, patients should be formally assessed after a six-visit clinical trial to evaluate whether PT physical therapy has resulted in positive impact, prior to continuing with physical therapy. The request for 12 aquatic therapy treatments exceeds ODG guideline recommendations, without the recommended documentation of functional improvement or exceptional factors. Therefore, the request for Aqua therapy 2 times per week for 6 weeks (12) is not medically necessary.

Prilosec 20mg, #90: Overturned

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 & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the prescription of Naproxen and long-term NSAID nonsteroidal anti-inflammatory drug use. NSAID use is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec 20 mg #90 is medically necessary.

Menthoderm ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation Menthoderm <http://www.physiciansproducts.net/product/menthoderm/> <http://www.drugs.com/cdi/menthoderm-cream.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is

recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Methoderm contains Methyl Salicylate (NSAID) and Menthol. Medical records indicate a diagnosis of Hypertension managed with Atenolol. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. Medical records document the prescription of Naproxen and long-term NSAID nonsteroidal anti-inflammatory drug use. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. MTUS guidelines do not support the use of the topical NSAID Methyl Salicylate. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the use of topical Methoderm is not supported by MTUS guidelines. Therefore, the request for Methoderm ointment is not medically necessary.