

Case Number:	CM15-0002113		
Date Assigned:	01/13/2015	Date of Injury:	05/08/2012
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
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: 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 injured worker is a 30-year-old female who reported an injury on 05/08/2012. The mechanism of injury was not stated. The current diagnoses include lumbar herniated nucleus pulposus, low back pain, lumbar spondylosis, rule out lumbar radiculopathy, bilateral knee sprains, post-traumatic osteoarthritis of the right knee, lateral dislocation of the left patella and ganglion versus loose body in the right knee. The injured worker presented on 11/26/2014 with complaints of persistent low back pain with muscle spasm. The injured worker also reported bilateral knee with muscle spasm. Upon examination, there was bilateral paraspinal muscle guarding, palpable tenderness over the quadriceps muscles bilaterally, 2+ tenderness to palpation over L3-5, limited lumbar range of motion, positive straight leg raising on the left at 35 degrees, 2+ tenderness at the medial and lateral joint lines of the bilateral knees, limited range of motion of the bilateral knees, positive McMurray's test and Lachman's test on the left, slightly decreased sensation to pinprick and light touch at the L5 and S1 dermatomes bilaterally and 4/5 weakness in the bilateral lower extremities. Recommendations included continuation of the current medication regimen. Platelet rich plasma injections were recommended for the bilateral knees and the lumbar spine. Extracorporeal shockwave therapy, as well as physical therapy and acupuncture were also recommended. Continuation of the current medication regimen was also recommended. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Platelet rich plasma (PRP) to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines do not recommend platelet rich plasma injections for the lumbar spine. The results of platelet rich plasma in spine surgery are limited and controversial. Therefore, the current request cannot be determined as not medically appropriate in this case.

Consultation with a pain management specialist regarding ESIs to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter and AMA Guides

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although it is noted that the injured worker has radicular signs and symptoms upon examination, there were no imaging studies or electrodiagnostic reports submitted for this review. Therefore, it is unclear whether the injured worker meets criteria for an epidural steroid injection. As such, the consultation with the pain management specialist for an epidural steroid injection is not medically appropriate in this case.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms

lasting more than 3 or 4 weeks. The injured worker has motor weakness, sensory deficit and positive straight leg raise in the bilateral lower extremities. The Official Disability Guidelines do not recommend electromyography and nerve conduction studies when radiculopathy is already clinically obvious. Therefore, the request is not medically appropriate in this case.

Shockwave therapy up to 6 treatments for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of passive modalities. There are no guideline recommendations for shockwave therapy for the lumbar spine. The physician progress note indicates that the injured worker is to continue with shockwave therapy; however, there was no documentation of objective functional improvement following the initial course of treatment. Therefore, the request is not medically appropriate.

Physical therapy to lumbar spine 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 18 sessions of physical therapy would exceed guideline recommendations. There is also no documentation of objective functional improvement following the initial course of treatment. Therefore, the request is not medically appropriate.

Acupuncture to lumbar spine 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical

rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 18 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically appropriate in this case.

Terocin patches (no strength or quantity provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure of first line oral medication. There is also no strength, frequency or quantity listed in the request. Therefore, the request is not medically appropriate in this case.

Deprizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine and www.drugs.com/pro/deprizine.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Given the above, the injured worker does not meet criteria for the requested medication. There is also no indication that this injured worker cannot safely swallow pills or capsules. There is no strength, frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Dicopanol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/dicopanol.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over the counter medication for insomnia treatment. There is no indication that this injured worker has been previously treated with nonpharmacologic therapy prior to the initiation of a prescription product. There is no indication that this injured worker cannot safely swallow pills or capsules. There is no strength, frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been considered a first line treatment for neuropathic pain. It is unclear how long the injured worker has utilized this medication. There is no documentation of objective functional improvement. There is no indication that this injured worker is unable to safely swallow pills or capsules. There is no frequency, strength or quantity listed in the request. Given the above, the request is not medically appropriate.

Synapryn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of Synapryn. There is also no indication that this injured worker is unable to safely swallow pills or capsules. There is no strength, frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Tabradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker was also issued a prescription for oral cyclobenzaprine. The medical necessity for 2 separate forms of cyclobenzaprine has not been established. There is also no strength, frequency or quantity listed in the above request. As such, the request is not medically appropriate.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker was also issued a prescription for oral cyclobenzaprine. The medical necessity for 2 separate forms of cyclobenzaprine has not been established. There is also no strength, frequency or quantity listed in the above request. As such, the request is not medically appropriate.

Ketoprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Therefore, the current request is not medically appropriate. Additionally, there is no strength, frequency or quantity. As such, the request is not medically necessary.