

Case Number:	CM15-0003406		
Date Assigned:	01/14/2015	Date of Injury:	04/17/2008
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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: 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 52 year-old female who has reported head, neck and arm pain after a motor vehicle accident on 4/17/08. The diagnoses have included cervical spondylosis, displacement of a cervical intervertebral disc, headaches, and spinal stenosis. Treatment to date has included physical therapy, acupuncture, chiropractic sessions, surgery, and medications. The injured worker has not worked since at least 2009. The injured worker has been evaluated by an ENT specialist, first in 2010 as well as for follow-up visits, for dizziness and tinnitus. No significant pathology was found. A psychiatric AME in December 2014 noted very poor function in activities of daily living. The AME noted multiple prior visits with ENT and Neurology specialists. A surgeon report from 12/17/14 noted the lack of any signs of significant pathology, including the lack of signs of spinal stenosis, and stated that no surgery was indicated. Per the report of 11/13/14, there was neck pain, dizziness, and daily headaches rated 9/10. Nausea and vomiting were present [no specific details provided]. 8 sessions of physical therapy had been completed 3 weeks prior, with unspecified benefit. [In the same report it is stated that the injured worker has also had 3 sessions of physical therapy.] A neurology consultation was pending. Norco, Flexeril and Zofran were noted to decrease her pain by 60%. The physical examination was notable for limited range of motion, tenderness, radicular findings, and signs of spinal stenosis. The treatment plan included additional physical therapy, home health care post-operatively, neurology follow-ups, Percocet in place of Norco denied in Utilization Review, Zofran, a trial of Norflex, and TENS. The "Request for Authorization" lists "APAP with codeine", not Percocet. Work status was modified. There was no discussion of the specific

results of any treatment, of using any medication, and no discussion of current function. The primary treating physician report of 12/4/14 states that the injured worker is taking Percocet. Tylenol #3 is stated to be not necessary. The remainder of the report has similar information to that of 11/13/14. On December 30, 2014, Utilization Review (UR) non-certified Acetaminophen with Codeine, Orphenadrine, Ondansentron, physical therapy 2x4 for the cervical spine, and ongoing neurology follow ups for nausea, dizziness and headaches. These items were non-certified by UR based on the lack of sufficient documentation and lack of compliance with guideline recommendations. The MTUS and the Official Disability Guidelines were 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:

APAP/Codeine 300/30mg #90 dispensed on 11/13/2014: Upheld

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

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

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. There is no evidence of increased function from the opioids used to date. Recent reports describe very poor function, and the injured worker has never returned to work. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The injured worker describes her pain as 9/10, which would seem to indicate poor pain relief. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, acetaminophen with codeine does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Orphenadrine citrate 100mg #60 dispensed on 11/13/2014: 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 Page(s): 63.

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. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants in the past. Per the MTUS, orphenadrine is not indicated and is not medically necessary.

Ondansetron 4mg #20 dispensed on 11/13/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Antiemetics.

Decision rationale: The MTUS does not provide direction for the use of antiemetics. The Official Disability Guidelines recommends against their use for nausea presumed to be caused by chronic opioid intake. Per the FDA, ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication, and the only apparent indication is for nausea possibly related to chronic opioid intake. The treating physician has not provided an adequate evaluation of any condition causing nausea. The necessary indications are not present per the available guidelines and evidence and the ondansetron is not medically necessary.

Physical therapy 2x 4; cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Page(s): 114-117; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9, 98-99.

Decision rationale: Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription exceeds the quantity recommended in the MTUS. This injured worker has already completed a course of Physical Medicine which meets the quantity of visits recommended in the MTUS. (The primary treating physician has stated that the injured worker already completed 8 or more visits recently). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the visits completed to date. Physical Medicine for chronic pain should be focused on progressive exercise

and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

Ongoing neurology follow ups for nausea, dizziness, and headaches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Page(s): 114-117; 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, evaluation and treatment of headache, head trauma.

Decision rationale: This injured worker has already seen several specialists for evaluation of the listed symptoms. The treating physician has not addressed the results of those evaluations and the reasons why further specialist evaluation is needed. None of the available reports provide evidence of specific and significant pathology causing the symptoms. There is no information presented regarding any specific treatment or improvement as a result of prior treatment of these symptoms. The treating physician has provided a non-specific recommendation for "follow-ups", which does not specify any quantity or duration. An open-ended prescription of this sort is not medically necessary in the absence of a specific diagnosis and treatment plan. The MTUS does not provide direction for evaluation and treatment of head symptoms of this sort. Per the Official Disability Guidelines, Head chapter, there are specific recommendations for evaluating and treating headache and head trauma. The treating physician has not provided enough information to show medical necessity for any ongoing treatment of the current symptoms (which are chronic and present for years). The non-specific request for neurology follow-up visits is not medically necessary based on the reasons discussed above.