

Case Number:	CM15-0104761		
Date Assigned:	06/09/2015	Date of Injury:	06/26/2012
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 43 year old female, who sustained an industrial injury on 6/26/12. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, neck sprain, lumbar sprain and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 4/27/15, the injured worker is status post cervical fusion on 12/11/14 and reports that the pain continues to improve in the neck, the bilateral upper extremity numbness and tingling has improved, and she continues to have low back pain. The pain is 3/10 on pain scale with medications and 7/10 without. She has had 12 sessions of physical therapy to date. She notes that the topical analgesics keep the pain manageable and she has weaned off of the narcotics. She continues to have stiffness in the neck and trapezius but the Sombra gel and Flector patches are helpful in relieving the symptoms. She also complains of insomnia. The injured worker is not working at this time. The current medications included Nexium, Tizanidine, Naproxen, Sombra gel and Flector patches. The urine drug screen dated 12/8/14 was consistent with medications prescribed. The objective findings reveal positive cervical and lumbar tenderness and lumbar spine range of motion decreased by 20 percent. The previous physical therapy sessions are noted in the records. There were no previous diagnostic Magnetic Resonance Imaging (MRI) or x-ray reports noted in the records. The physician requested treatments included Nexium 40mg #30, Tizanidine 4mg #90, Naproxen 550mg #90, Sombra gel 8oz #1 and Physical therapy 2 times a week for 6 weeks for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured about 3 years ago. There is degenerative spine disease, and ongoing neck and lumbar pain. There was a cervical fusion several months ago. There is note of pain improvement with medicine. There is no documentation of objective functional improvement, and the claimant is not working. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasticity/Antispasmodic Drugs, Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: This claimant was injured about 3 years ago. There is degenerative spine disease, and ongoing neck and lumbar pain. There was a cervical fusion several months ago. There is note of pain improvement with medicine. There is no documentation of objective functional improvement, and the claimant is not working. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with

NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request is appropriately not medically necessary.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured about 3 years ago. There is degenerative spine disease, and ongoing neck and lumbar pain. There was a cervical fusion several months ago. There is note of pain improvement with medicine. There is no documentation of objective functional improvement, and the claimant is not working. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.

Sombra gel 8oz #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105 of 127.

Decision rationale: This claimant was injured about 3 years ago. There is degenerative spine disease, and ongoing neck and lumbar pain. There was a cervical fusion several months ago. There is note of pain improvement with medicine. There is no documentation of objective functional improvement, and the claimant is not working. Sombra gel contains Camphor and Menthol. Menthol and camphor are known as counterirritants. They work by causing the skin to feel cool and then warm. These feelings on the skin distract you from feeling the aches/pains deeper in your muscles, joints, and tendons. In this case, these agents are readily available over the counter, so prescription analogues would not be necessary. The request is appropriately not medically necessary.

Physical therapy 2 times a week for 6 weeks for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Low Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: This claimant was injured about 3 years ago. There is degenerative spine disease, and ongoing neck and lumbar pain. There was a cervical fusion several months ago. There is note of pain improvement with medicine. There is no documentation of objective functional improvement, and the claimant is not working. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient, Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. "A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is appropriately not medically necessary.