

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0106717 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 01/27/2012 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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:

This 66 year old female sustained an industrial injury to the low back on 1/27/12. On 1/8/14, the injured worker suffered another injury to bilateral hands, wrists and right knee after a fall. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, acupuncture, injections, transcutaneous electrical nerve stimulator unit and medications. Documentation did not disclose the amount of previous therapy. In an orthopedic agreed medical evaluation dated 1/5/15, the physician documented that previous treatment included chiropractic therapy following her injury on 1/27/12. In a follow-up consultation dated 3/17/15, the injured worker complained of pain to bilateral knees, right shoulder, right ankle, cervical spine and low back, rated 5-9/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to bilateral knees, lumbar spine, right shoulder, right ankle and cervical spine with decreased lumbar spine range of motion and positive straight leg raise bilaterally, diminished sensation in the L5 and S1 distribution, decreased right shoulder range of motion with positive impingement sign, pain upon range of motion of the right foot and ankle and decreased cervical spine range of motion. Current diagnoses included left knee degenerative osteoarthritis and meniscus tears, right knee pain, rule out lumbar intradiscal component, rule out lumbar spine radiculopathy, right shoulder rule out impingement/rotator cuff pathology, right ankle pain and cervical myofascial pain. The treatment plan included continuing to request left total knee arthroplasty, chiropractic therapy for the lumbar spine three times a week for four weeks, lumbar traction, a four wheeled walker with a seat and a request for an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 x 4: 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 Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with knee pain, low back pain with lower extremity symptoms, right shoulder pain, right ankle pain, and cervical pain. The request is for Chiropractic Therapy 3 x 4. The request for authorization is dated 04/23/15. MRI of the cervical spine, 01/16/15, shows straightening of the normal cervical lordosis with superimposed degenerative changes resulting in mild canal stenosis with no cord compression and moderate to severe bilateral foraminal stenosis at C5-6; mild canal stenosis with no cord compression, moderate to severe left and moderate right-sided foraminal stenosis at C6-7; mild canal stenosis with no cord compression and mild-to-moderate bilateral foraminal stenosis at C3-4 and C4-5. Physical examination reveals tenderness left knee. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions. Tenderness right shoulder. Moderately positive impingement signs. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion. Tenderness cervical spine. Pain with range of motion assessment. Spasm of the lumboparaspinal musculature and cervical trapezius. Patient to continue TENS. Patient's medications include Cyclobenzaprine and Tramadol. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS Guidelines, pages 58-59, Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per progress report dated 03/17/15, treater's reason for the request is Patient desires to avoid aggressive interventional treatment lumbar spine. Emphasis on active therapy including strengthening and conditioning. Review of provided medical records do not indicate prior chiropractic treatment. The patient continues with low back pain with lower extremity symptoms. Given the patient's condition, a short course of chiropractic treatment would be appropriate. However, MTUS allows a trial of 6 visits over 2 weeks with evidence of objective functional improvement. The request for 12 initial sessions of Chiropractic Therapy exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

Lumbar traction: 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): 300.

Decision rationale: The patient presents with knee pain, low back pain with lower extremity symptoms, right shoulder pain, right ankle pain, and cervical pain. The request is for Lumbar Traction. The request for authorization is dated 04/23/15. MRI of the lumbar spine, 01/16/15, shows mild canal, moderate to severe right and moderate left-sided foraminal stenosis at L4-5; mild canal, moderate left and mild to moderate right-sided foraminal stenosis at L3-4. Physical examination reveals tenderness left knee. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions. Tenderness right shoulder. Moderately positive impingement signs. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion. Tenderness cervical spine. Pain with range of motion assessment. Spasm of the lumboparaspinal musculature and cervical trapezius. Patient to continue TENS. Patient's medications include Cyclobenzaprine and Tramadol. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 300, under Physical Methods states: Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Per progress report dated 03/17/15, treater's reason for the request is "Patient recalls traction was efficacious previously at therapy." Treater has requested a lumbar traction system but has not provided a clear description of the traction device. MTUS/ACOEM guidelines state lumbar traction is not recommended, and states lumbar traction has not been proved effective for lasting relief in treating low back pain. Therefore, the request is not medically necessary.

LSO Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 301.

Decision rationale: The patient presents with knee pain, low back pain with lower extremity symptoms, right shoulder pain, right ankle pain, and cervical pain. The request is for LSO BRACE. The request for authorization is dated 04/23/15. MRI of the lumbar spine, 01/16/15, shows mild canal, moderate to severe right and moderate left-sided foraminal stenosis at L4-5; mild canal, moderate left and mild to moderate right-sided foraminal stenosis at L3-4. Physical examination reveals tenderness left knee. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions. Tenderness right shoulder. Moderately positive impingement signs. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion. Tenderness cervical spine. Pain with range of motion assessment. Spasm of the lumboparaspinal musculature and cervical trapezius. Patient to continue TENS. Patient's medications include Cyclobenzaprine and Tramadol. Per progress

report dated 03/17/15, the patient is temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Guidelines, Low Back-Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports Section states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per progress report dated 03/17/15, treater's reason for the request is to "to provide stability. Patient complains of instability, lumbar." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with knee pain, low back pain with lower extremity symptoms, right shoulder pain, right ankle pain, and cervical pain. The request is for Cyclobenzaprine 7.5mg #90. The request for authorization is dated 04/23/15. MRI of the lumbar spine, 01/16/15, shows mild canal, moderate to severe right and moderate left-sided foraminal stenosis at L4-5; mild canal, moderate left and mild to moderate right-sided foraminal stenosis at L3-4. Physical examination reveals tenderness left knee. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions. Tenderness right shoulder. Moderately positive impingement signs. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion. Tenderness cervical spine. Pain with range of motion assessment. Spasm of the lumboparaspinal musculature and cervical trapezius. Patient to continue TENS. Patient's medications include Cyclobenzaprine and Tramadol. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine

(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soproval 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 03/17/15, treater's reason for the request is "Spasm decreases markedly with this medication on board, for approximately 6 hours, facilitating consistent additional 2-3 point average diminution in pain, improved range of motion, and greater tolerance to exercise/activity level." This appears to be the initial trial prescription of Cyclobenzaprine. Per request for authorization from dated 03/17/15, treater requests, "Dispensed cyclobenzaprine 7.5 mg #90, one PO tid prn spasm." In this case, treater has provided a 4 weeks supply of Cyclobenzaprine. The amount exceed what is recommended by MTUS guidelines for no longer than 2 to 3 week period. Therefore, the request is not medically necessary.

Ketoprofen cream 10% 300grams 3 grams #300 x 3 refills: 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 topical analgesics Page(s): 111.

Decision rationale: The patient presents with knee pain, low back pain with lower extremity symptoms, right shoulder pain, right ankle pain, and cervical pain. The request is for Ketoprofen Cream 10% 300 Grams 3 Grams #300 X 3 Refills. The request for authorization is dated 04/23/15. MRI of the lumbar spine, 01/16/15, shows mild canal, moderate to severe right and moderate left-sided foraminal stenosis at L4-5; mild canal, moderate left and mild to moderate right-sided foraminal stenosis at L3-4. Physical examination reveals tenderness left knee. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions. Tenderness right shoulder. Moderately positive impingement signs. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion. Tenderness cervical spine. Pain with range of motion assessment. Spasm of the lumboparaspinal musculature and cervical trapezius. Patient to continue TENS. Patient's medications include Cyclobenzaprine and Tramadol. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." It further states that NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use 4-12 weeks." Per progress report dated 03/17/15, treater's reason for the request is "to decrease inflammation and pain and further facilitate objective improvement." In this case, this appears to be the initial trial prescription for Ketoprofen Cream. However, topical NSAIDs are indicated for osteoarthritis and tendinitis, which the patient does not present with nor documented by treater. Furthermore, per request for authorization from dated 04/23/15, treater notes, "300 grams, apply 3 grams tid-qid with 3 refills." Treater does not discuss or explain why 3 refills are needed when the patient is to return for follow in 3 weeks, at

which time treater can discuss and document Ketoprofen Cream's efficacy. Therefore, the request is not medically necessary.

Urine toxicology screen: Overturned

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 Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing (UDT).

Decision rationale: The patient presents with knee pain, low back pain with lower extremity symptoms, right shoulder pain, right ankle pain, and cervical pain. The request is for URINE Toxicology Screen. The request for authorization is dated 04/23/15. MRI of the lumbar spine, 01/16/15, shows mild canal, moderate to severe right and moderate left-sided foraminal stenosis at L4-5; mild canal, moderate left and mild to moderate right-sided foraminal stenosis at L3-4. Physical examination reveals tenderness left knee. Tenderness right knee diffusely. 1+ effusion right knee. Tenderness lumbar spine. Positive straight leg raise bilaterally. Diminished sensation right greater than left L5 and S1 dermatomal distributions. Tenderness right shoulder. Moderately positive impingement signs. Tenderness right ankle diffusely, greatest at lateral aspect. Pain with range of motion. Tenderness cervical spine. Pain with range of motion assessment. Spasm of the lumboparaspinal musculature and cervical trapezius. Patient to continue TENS. Patient's medications include Cyclobenzaprine and Tramadol. Per progress report dated 03/17/15, the patient is temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Per progress report dated 03/17/15, treater's reason for the request is "we will continue to adhere to urine toxicology screening Guidelines. In this case, the patient prescription history includes Tramadol, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.