

Case Number:	CM15-0010771		
Date Assigned:	01/28/2015	Date of Injury:	06/05/2014
Decision Date:	04/06/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37 year old female with an industrial injury dated 06/05/2014. Her diagnoses include cervical strain/sprain myospasm, thoracic strain/sprain myospasm, lumbar strain/sprain, and right shoulder sprain/strain. Recent diagnostic testing has included a MRI of the cervical spine (10/13/2014) which showed multilevel disc protrusion indenting the cord, limited range of motion and postural changes, and a MRI of the right shoulder (10/13/2014) showing an interstitial tear of the supraspinatus tendon, superior and anterior labral tear and infraspinatus enthesopathy. She has been treated with physical therapy, medications, and activity restrictions. In a progress note dated 10/31/2014, the treating physician reports continued pain in the cervical spine radiating to both arms, lumbar spine pain, and right shoulder pain with pain rating of 6/10 overall, despite treatment. The objective examination revealed decreased range of motion in the cervical spine, improved range of motion in the right shoulder, and improved range of motion in the lumbar spine. The treating physician is requesting medications, acupuncture, urine drug testing, and bilateral wrist/hand splints which were denied or modified by the utilization review. On 01/02/2015, Utilization Review non-certified a prescription for Flexeril 10mg #60, noting the absence of objective functional improvement with prior use, and the lack of recommendation for long term use. The MTUS & ODG Guidelines were cited. On 01/02/2015, Utilization Review non-certified a prescription for Motrin 600mg #60, noting the absence of objective functional gains. The MTUS Guidelines were cited. On 01/02/2015, Utilization Review non-certified a prescription for Prilosec 20mg #90, noting the non-certification of Motrin (non-steroid anti-inflammatory drug). The MTUS Guidelines were cited.

On 01/02/2015, Utilization Review non-certified a prescription for topical cream, noting the absence of objective functional gains with prior use of this medication, and absence of failed trails with first-line recommendations. The MTUS Guidelines were cited. On 01/02/2015, Utilization Review modified a request for a total of 12 acupuncture sessions 2 times per week for 6 weeks to the approval of 6 acupuncture sessions 2 times per week for 3 weeks, noting the recommended trail of 3-6 treatments. The MTUS ACOEM ODG Guidelines were cited. On 01/02/2015, Utilization Review modified a request for a urine analysis to the approval of one 10 panel random drug screen for qualitative analysis with confirmatory laboratory testing only performed with inconsistent results, noting the injured worker is at minimal risk for aberrant drug taking behavior. The MTUS & ODG Guidelines were cited. On 01/02/2015, Utilization Review non-certified a request for bilateral volar splints purchase, noting the absence of clinical findings of pain or other symptoms in the hands and wrist to support the use of splints. The MTUS & ACOEM Guidelines were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of Flexeril, Motrin, Prilosec, topical cream, acupuncture, urine drug testing, and bilateral wrist splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend 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) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."The documentation submitted for review indicates that the injured worker has been using this medication long-term. As it is recommended only for short-term use, medical necessity cannot be affirmed.

Motrin 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured worker's low back pain. The request is medically necessary.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Motrin is indicated for the injured worker's low back pain. The request is not medically necessary.

Topical cream: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists; adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists; agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 documentation submitted for review did not specify the active ingredients of the requested topical cream. Without such information medical necessity cannot be affirmed.

Acupuncture 2x a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, " (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20"Acupuncture is indicated for the injured worker's cervical and lumbar spine pain, and shoulder pain. However, the request for 12 sessions is in excess of the guideline recommendation of 3-6 treatments. As such, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for 6 sessions.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS

CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state; 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication; 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues; 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources". The documentation submitted for review does not indicate that the injured worker is currently on opioid therapy. As such, the request is not medically necessary.

Bilateral volar splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per the ACOEM guidelines, "Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications." I respectfully disagree with the UR physician's assertion that there was no indication for the request. Per progress report dated 8/28/14 it was noted that EMG/NCV revealed mild left carpal tunnel syndrome. However, as the request is for bilateral volar splints, the request is not medically necessary.