

Case Number:	CM15-0133574		
Date Assigned:	07/21/2015	Date of Injury:	10/16/2014
Decision Date:	10/02/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on October 16, 2014. The injured worker reported that while performing her work activities of bending down to pick up packages weighing eight pounds to place onto a shelf she felt an instant pain and was unable to straighten her back. The injured worker was diagnosed as having lumbar spine sprain and strain with rule out herniated nucleus pulposus and bilateral trochanteric bursitis. Treatment and diagnostic studies to date has included at least 13 sessions of chiropractic therapy, medication regimen, physical therapy, and magnetic resonance imaging. In a progress note dated February 23, 2015 the treating physician reports complaints of low back pain that radiates to the bilateral hips. The injured worker's current medication regimen included Tramadol, Prilosec, Flexeril, Mentherm Cream, Ibuprofen, and Prilosec. The injured worker's pain level was rated an 8 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician noted magnetic resonance imaging performed on January 26, 2015 that was revealing for a fibroid uterus along with a large fibroid in the uterus with incomplete visualization along with the physician noting the magnetic resonance imaging to be within normal limits. In a progress note dated February 25, 2015 the treating chiropractor reports complaints of severe, achy pain to the low back with stiffness, heaviness, numbness, tingling, and weakness. The treating chiropractor also noted

constant, severe, aching pain and numbness to the left hip. Examination reveals decreased range of motion to the lumbar spine with pain; tenderness and spasms to the lumbar paravertebral muscles; tenderness to the sacroiliac joint; pain with Kemp's testing, straight leg raise, and Valsalva's testing; decreased range of motion to the left hip with pain; tenderness to the lateral hip; muscle spasm to the left hip; and pain with FABERE's testing and iliac compression testing. The medical records provided did not indicate if the injured worker experienced any functional improvement with prior chiropractic therapy. The treating physician requested the medications of Tramadol with an unspecified quantity, Prilosec 20mg with a quantity of 90, Ibuprofen 600mg, Menthoderm creams, and Flexeril 10mg noting current use of these medications. The treating physician also requested chiropractic therapy at two to three times a week for six weeks and magnetic resonance imaging of the lumbar spine, but the documentation provided did not indicate the specific reason for the requested therapy and study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient recent documentation that this required full review was completed, including clearly stating functional improvement and measurable pain level reduction with the use of tramadol to help justify its continuation. Without this evidence of functional benefit, this request for tramadol will be considered medically unnecessary at this time. Also, the number of pills was missing for this request.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was no history found in the notes available for review to suggest she was at an elevated risk for gastrointestinal events to warrant ongoing PPI use. Therefore, considering the side effect potential of this medication with chronic overuse, and the fact that this reviewer also suggests non-approval of Ibuprofen, the request for Prilosec will be considered medically unnecessary at this time. Weaning may be helpful.

Ibuprofen 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having used ibuprofen regularly, however, there was no documentation found in the notes to address how effective it was at improving function and reducing pain. Without evidence of previous benefit, continuation of this medication cannot be justified. Also, long-term use is relatively unsafe and is generally not recommended for the conditions listed. Therefore, the ibuprofen will be considered medically unnecessary.

Menthoderm creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, p. 105. Decision based on Non-MTUS Citation Topp R1, et. al., The effect of either topical menthol or a placebo on functioning and knee pain among patients with knee OA., J Geriatr Phys Ther. 2013 Apr-Jun;36(2):92-9. doi: 10.1519/JPT.0b013e318268dde1.

Decision rationale: The MTUS and ODG do not specifically address topical menthol use, however, they consider all topical analgesics somewhat experimental due to limited quality studies to show effectiveness and safety. Topical use of menthol, however, is very safe and has some evidence to show that it is effective at both reducing pain as well as increasing function with chronic pain. At least a trial of topical menthol may be indicated, however, in order to justify continuation a clear documentation of pain reduction and functional improvement with its use is required. The MTUS Chronic Pain Treatment Guidelines also state that topical salicylates, such as methyl salicylate, are significantly better than placebo in chronic pain and are recommended, considering their low risk. However, in order to justify continuation chronically, there needs to be evidence of functional benefit. Mentherm is a topical analgesic which contains both menthol and methyl salicylate. In the case of this worker, the notes presented for review listed Mentherm as a medication offered to the worker, however, there was no clear follow-up found in the notes stating how effective this medication was at reducing pain and improving function for the worker. Therefore, without proof of benefit, the Mentherm will be considered medically unnecessary at this time.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was a request made for Flexeril. However, there was no number of pills included in the request, and there was no evidence from physical findings to suggest the worker was having an acute flare-up with muscle spasm which to warrant such a request. Therefore, the Flexeril will be considered medically unnecessary at this time.

Chiropractic, two to three (2-3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pp. 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there was a request made for chiropractic sessions (12-18). The number of sessions requested was not precise, and a range is not acceptable for requests such as this. Regardless, there was already 13 sessions of chiropractic care completed by this worker prior to this request. An additional 5 or so sessions might have been considered if there was enough evidence of benefit from the previous sessions, which there was not. Regardless, the request for 12+ sessions is much more than this amount. Therefore, this request for chiropractic care will be considered medically unnecessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, and upon review of the notes made available, there was insufficient documentation of subjective or objective evidence of lumbar spinal nerve impingement-related radiculopathy to suggest an MRI study of the lumbar spine. Recent examination showed normal sensation and strength, and no reports of numbness or tingling or weakness. Without more

objective evidence to suggest true radiculopathy, which might require intervention, this request for lumbar MRI will be considered medically unnecessary at this time.