

Case Number:	CM15-0134548		
Date Assigned:	07/22/2015	Date of Injury:	11/13/2014
Decision Date:	09/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 13, 2014. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for Duexis, acupuncture, trigger point injection, and a Toradol injection. The claims administrator referenced an RFA form received on June 8, 2015 in its determination, along with an associated progress note dated June 3, 2015. The applicant's attorney subsequently appealed. In a June 3, 2015 RFA form, trigger point injections, acupuncture, Duexis, and a Toradol injection were endorsed. In an associated progress note of June 3, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 5/10, exacerbated by lifting, twisting, bending, kneeling, carrying, pushing, pulling, and climbing, it was reported. The applicant was on naproxen and Prilosec, it was reported. The applicant was severely obese, it was acknowledged, was standing 5 feet 6 inches tall and weighing 291 pounds. The applicant exhibited an antalgic gait. Continued acupuncture, trigger point injection therapy, and a Toradol injection were endorsed. The applicant was given rather proscriptive 10-pound lifting limitation. It was suggested (but not clearly stated) that the applicant was not, in fact, working with said limitation in place. The applicant was asked to obtain additional acupuncture. Trigger point injection and Toradol injection were endorsed. The applicant was asked to cease naproxen and begin Duexis. It was not clearly stated why Duexis was endorsed in favor of previously prescribed naproxen. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia in any portion of the note in

question. It was not stated whether the applicant had or had not had prior trigger point injection therapy. The attending provider stated that the applicant did have complaints of low back pain radiating to the bilateral lower extremities, right greater than left. In an RFA form dated March 11, 2015, acupuncture, topical compounds, lumbar MRI imaging, and acupuncture were endorsed. The applicant reported complaints of low back pain with associated buttock and/or lower extremity tingling. The applicant did exhibit a positive straight leg raising.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #90, 1 tab TID, refills x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Medications for chronic pain Page(s): 69; 60. Decision based on Non-MTUS Citation National Library of Medicine Ibuprofen/Famotidine (Duexis).

Decision rationale: No, the request for Duexis was not medically necessary, medically appropriate, or indicated here. Duexis, per the National Library of Medicine (NLM), is an amalgam of ibuprofen and famotidine, an H2 antagonist. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as famotidine are indicated in applicants who developed issues with NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having experienced issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the June 3, 2015 office visit at issue. Since the famotidine component of the Duexis amalgam was not indicated, the entire amalgam was not recommended. It was further noted that the request was framed as a first-time request for the same on June 3, 2015. The first-time request for 90 tablets of Duexis with six refills, however, runs counter to principles set forth on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that analgesic medications should show effects within one to three days. Provision of such a lengthy, protracted, first-time supply of Duexis was seemingly at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Acupuncture w/ +elect 2x6 left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if

there is evidence of functional improvement as defined in section 9792.20e, however, there was no seeming demonstration of functional improvement as defined in section 9792.20e with earlier acupuncture treatment. The applicant was not seemingly working, it was suggested (but not clearly stated) on progress notes of June 3, 2015 and March 11, 2015. The same, unchanged, rather proscriptive, 5-pound lifting limitation was renewed on both dates. The applicant remained dependent on a variety of oral and topical agents, it was stated on both occasions. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim, including earlier acupuncture in 2015 alone. Therefore, the request was not medically necessary.

Trigger Point Injection to the myofascial region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Similarly, the request for a trigger point injection was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain. Here, however, the applicant presented on June 3, 2015 reporting complaints of low back pain radiating into the bilateral lower extremities, right greater than left. The applicant exhibited positive straight leg raising on that date, it was further noted. It did appear, in short, that the applicant had an active lumbar radiculopathy process for which trigger point injection therapy was not indicated, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Toradol Injection 30mg IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Chronic Pain, pg. 942 "[A] single dose of ketorolac appears to be a useful alternative to a single moderate dose of opioids for the management of patients presenting to the ED with severe musculo-skeletal LBP."

Decision rationale: Finally, the request for a Toradol injection was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of injectable ketorolac or Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines notes that oral ketorolac or Toradol is not indicated for minor or chronic painful conditions. By analogy, injectable ketorolac or Toradol is likewise not indicated for minor or chronic painful conditions. While the Third Edition ACOEM Guidelines Chronic Pain

Chapter does acknowledge that a single dose of injectable ketorolac appears to be a useful alternative to a single moderate dose of opioid in applicants who present to the emergency department with severe musculoskeletal low back pain, here, however, the applicant presented on June 3, 2015 reporting chronic, longstanding 5/10 low back pain complaints. There was, in short, no evidence of any acute flare in low back pain complaints for which injectable ketorolac would have been indicated, per either page 72 of the MTUS Chronic Pain Medical Treatment Guidelines or page 942 of the Third Edition ACOEM Guidelines Chronic Pain Chapter. Therefore, the request was not medically necessary.