

<b>Case Number:</b>	CM15-0135574		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/06/2015
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, Michigan

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 34 year old male who sustained an industrial injury on 01-06-2015. Current diagnoses include lumbar spine sprain-strain, thoracic spine sprain-strain, cervical spine sprain-strain, and cervical spine radiculitis. Previous treatments included medications, back support, physical therapy, and acupuncture. Previous diagnostic studies included x-rays of the cervical and thoracic spine. Initial injuries occurred to the low back when the worker was loading his truck. Report dated 05-22-2015 noted that the injured worker presented with complaints that included constant pain in the neck with numbness and tingling in both hands, and stiffness in the neck and locking up in the hands and fingers, constant low back pain with radiating pain, numbness, tingling, and weakness to the bilateral leg. Other complaints included difficulty sleeping due to pain. Pain level was 5 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for trigger point tenderness to rhomboid region thoracic spine, moderate cervical spine tenderness to palpation and decreased range of motion with pain, moderate thoracic spine tenderness to palpation with spasms bilaterally and decreased range of motion with pain and spasm, and moderate tenderness to palpation in the lumbar spine with normal range of motion. The treatment plan included continued acupuncture and physical therapy, continued course of medications and transdermal analgesics which include Ultracet for pain, ibuprofen for pain relief, and Medrol Dose Pack for pain. The injured worker was instructed to return to modified work on 05-22-2015 with restrictions and if modified duty was not available then the injured worker is to be considered totally temporarily disabled. The physician noted that the injured worker has been attending physical therapy and acupuncture,

which have been providing relief from his pain levels and have allowed him to continue to work modified work duties. Currently the injured worker is awaiting authorization for a functional capacity evaluation. The injured worker stated that his pain medications are running low and wishes to have them refilled. The injured worker underwent physical therapy from 02-12-2015 through 05-22-2015, for a total of 15 visits, pain level remained unchanged at 6 out of 10 on the visual analog scale from 02-12-2015 through 04-23-2015. On 04-15-2015 the injured worker received instructions for exercise program. On 05-13-2015 pain level was 4 out of 10 and on 05-22-2015 pain level was 5 out of 10. The injured worker received acupuncture on 02-17-2015 through 04-21-2015, for a total of 9 visits with noted improvement with treatment. Disputed treatments include Ultracet (Acetaminophen and Tramadol HCL) 325-37.5mg #120, ibuprofen 800mg #90, Medrol dose pack #1, TGICe & Flurbiprofen 20%, functional capacity evaluation, acupuncture 1 x 6 for the cervical and thoracic spine, and physical therapy 2 x 6 for the cervical and thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ultracet (Acetaminophen/Tramadol HCL) 325/37.5mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. A review of the injured workers medical records reveals that the medications as a group allowed the injured worker to tolerate activities of daily living and work duties. The continued use appears appropriate. Therefore the request for Ultracet (Acetaminophen-Tramadol HCL) 325-37.5mg #120 is medically necessary.

#### **Ibuprofen 800mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-71.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The submitted medical records support that the injured worker has been prescribed ibuprofen since at least 01-12-2015, with documentation of improvement in symptoms with the use of ibuprofen, the continued use appears appropriate, therefore the request for Ibuprofen 800mg #90 is medically necessary.

**Medrol dose pack #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.

**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), Oral Corticosteroids.

**Decision rationale:** The California MTUS does not address Medrol Dose Pack (oral corticosteroids). The Official Disability Guidelines "do not recommend oral corticosteroids for chronic pain, except for Polymyalgia Rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided." Documentation provided supports that the injured worker has chronic pain and there is no documentation to support a diagnosis of Polymyalgia Rheumatica (PMR) or an acute exacerbation. Based on the recommended guidelines and the submitted medical records the request for Medrol dose pack #1 is not medically necessary.

**TGICe & Flurbiprofen 20%:** Upheld

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

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

**Decision rationale:** According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. Flurbiprofen, a Non-steroidal anti-inflammatory drug (NSAID), is not currently FDA approved for topical application. As topical flurbiprofen is not FDA approved, it

is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Furthermore the medications that compose the TGICe cream were not identified. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication to support medical necessity of a topical analgesic. Therefore the request for TGICe & Flurbiprofen 20% is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts", conflicting medical reporting on precautions and/or fitness for modified job injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: "Close or at MMI/all key medical reports secured, additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore the request for functional capacity evaluation is not medically necessary at this time

**Acupuncture 1 x 6 for the cervical/thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional improvement Page(s): 1.

**Decision rationale:** According to the California MTUS Acupuncture Medical Treatment Guidelines "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side-effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guideline recommendation is for 3 to 6 treatments to produce functional improvement, frequency of 1 to 3 times per week, and optimum duration of 1 to 2 months. Acupuncture may be extended if functional improvement is recommended." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review support that the injured worker has received 9 acupuncture treatments from 02-17-2015 through 04-21-2015. The acupuncturist only noted improvement. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Also the injured worker has exceeded the amount of acupuncture recommended by the guidelines and there is no functional improvement to support an extension. Therefore the request for Acupuncture 1 x 6 for the cervical and thoracic spine is not medically necessary.

**Physical therapy 2 x 6 for the cervical/thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The California Chronic Medical Treatment Guidelines note that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. 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 injured worker has completed 15 visits of physical therapy to date, with only one point improvement in pain from 6 out of 10 to 5 out of 10 on the visual analog scale. According to the physical therapy progress note dated 04/15/2015 the injured worker has received instruction for an exercise program. Also there has been no change in modified work restrictions. The injured worker has exceeded the amount of recommended physical therapy treatments with no significant improvement. Therefore the request for Physical therapy 2 x 6 for the cervical and thoracic spine is not medically necessary.

