

Case Number:	CM15-0138447		
Date Assigned:	07/28/2015	Date of Injury:	08/21/2000
Decision Date:	10/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 46-year-old female with an industrial injury dated 08/21/2000. The injured worker's diagnoses include discogenic lumbar condition, internal derangement of the knee on the right and left status post right arthroscopy, and left ankle sprain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker presented for evaluation regarding low back, bilateral knees and left ankle. The injured worker reported tightness and spasm on the right. The injured worker also reported shooting pain from the back down the left lower extremity. Objective findings revealed limitations moving from chair with limping, tenderness along the median joint line and inner patella, weakness to resisted function, positive facet loading, and tenderness along the left iliac crest. The treating physician requested retrospective lumbar brace (DOS 05/27/15), retrospective bilateral knee braces (DOS 05/27/15), retrospective 10-panel urine drug screen (DOS 05/27/15), Celebrex 200mg #30 (DOS 05/27/15), Lunesta 2mg #30 (DOS 07/08/15), Flexeril 7.5mg #60 (DOS 07/08/15) and Electromyography (EMG) of the left lower extremity now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective lumbar brace (DOS 05/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention, recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008) ODG states for use as a treatment "Treatment: 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)." The patient is beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for Retrospective lumbar brace (DOS 05/27/15) is not medically necessary.

Retrospective bilateral knee braces (DOS 05/27/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request Retrospective bilateral knee braces (DOS 05/21/15) is not medically necessary.

Retrospective 10-panel urine drug screen (DOS 05/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." Would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: Low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. High risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. The patient had consistent toxicology screen in February 2015. As such, the current request for Retrospective 10-panel urine drug screen (DOS 05/27/15) is not medically necessary.

Celebrex 200mg #30 (DOS 05/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Additionally, the medical records do not indicate that he is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. As such, the request for Celebrex 200mg #30 (DOS 05/27/15) is not medically necessary.

Lunesta 2mg #30 (DOS 07/08/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia, Mental Illness, Eszopicolone (Lunesta).

Decision rationale: MTUS is silent specifically regarding eszopicolone (Lunesta), therefore other guidelines were utilized. ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "(a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents do not indicate what components of insomnia have been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Lunesta 2mg #30 (DOS 07/08/15) is not medically necessary.

Flexeril 7.5mg #60 (DOS 07/08/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines Up-To-Date, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and

interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 7.5mg #60 (DOS 07/08/15) is not medically necessary.

Electromyograph (EMG) of the left lower extremity: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

Decision rationale: ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Previous studies were reported to have evidence of sciatica and the current rationale is for repeat testing is that these have not been performed in years. The requesting provider does not give evidence of any new injury or worsening physical exam findings. As such, the request for Electromyography (EMG) of the left lower extremity is not medically necessary.