

Case Number:	CM15-0148683		
Date Assigned:	08/11/2015	Date of Injury:	03/28/2015
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male with a March 28, 2015 date of injury. A progress note dated May 1, 2015 documents subjective complaints (continuous neck pain radiating to the shoulders rated at a level of 3 to 8 out of 10; continuous bilateral arm pain rated at a level of 7 to 8 out of 10; continuous bilateral hand and wrist pain with weakness and tingling rated at a level of 3 to 8 out of 10; continuous lower back pain and spasm with radiation of pain into to left leg and foot; lower back pain rated at a level of 7 to 8 out of 10; continuous bilateral knee pain rated at a level of 7 to 8 out of 10; give way sensation in both knees), objective findings (decreased range of motion of the cervical spine; decreased range of motion of the right shoulder; decreased range of motion of the bilateral wrists; decreased range of motion of the lumbar spine), and current diagnoses (lumbago; lumbar radiculitis or neuritis; lumbar sprain and strain). Treatments to date have included imaging studies, medications, and work restrictions. The treating physician documented a plan of care that included physical therapy for lumbar spine, acupuncture for lumbar spine, Protonix 20mg #60, Cyclobenzaprine 7.5mg #90, and a toxicology urine screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 05/15/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The patient presents on 05/01/15 with neck pain rated 3-8/10 which radiates into the bilateral shoulder, bilateral arm pain rated 7-8/10, bilateral wrist/hand pain rated 3-8/10 with associated numbness and tingling, lower back pain rated 7-8/10 which radiates into the left lower extremity, and bilateral knee pain rated 7-8/10 with a "give way sensation" bilaterally. The patient's date of injury is 03/28/15. Patient has no documented surgical history directed at these complaints. The request is for PHYSICAL THERAPY FOR LUMBAR SPINE 2 TIMES A WEEK FOR 6 WEEKS. The RFA was not provided. Physical examination dated 05/01/15 reveals decreased range of motion in the cervical spine in all planes, decreased range of motion in the right shoulder in all planes, decreased range of motion in the bilateral wrists in all planes, and decreased range of motion in the lumbar spine in all planes. The patient is currently prescribed Meloxicam, Cyclobenzaprine, and Ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 05/26/15, significant findings include: "mild multilevel degenerative disc disease greatest L4-5 and L5-S1 with grade 1 anterolisthesis L4-5, bilateral L4 spondylosis with edema across the bilateral pars defects... L3-4 and L4-5 bilateral facet arthropathy with degenerative edema right L3-4 facet joint... slight bilateral SI joint degenerative osteoarthritis." Patient is currently working modified duties. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. Progress note dated 04/24/15 notes that this patient has completed 2 PT sessions for his lumbar complaint without much improvement. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature. Were the request for 8 sessions, the recommendation would be for approval. However, 12 sessions of physical therapy in addition to the two already completed exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Acupuncture 2 times a week for 6 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Section 9792.24.1 Page(s): 3 of 127, 13 of 127.

Decision rationale: The patient presents on 05/01/15 with neck pain rated 3-8/10 which radiates into the bilateral shoulder, bilateral arm pain rated 7-8/10, bilateral wrist/hand pain rated 3-8/10

with associated numbness and tingling, lower back pain rated 7-8/10 which radiates into the left lower extremity, and bilateral knee pain rated 7-8/10 with a "give way sensation" bilaterally. The patient's date of injury is 03/28/15. Patient has no documented surgical history directed at these complaints. The request is for ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR LUMBAR SPINE. The RFA was not provided. Physical examination dated 05/01/15 reveals decreased range of motion in the cervical spine in all planes, decreased range of motion in the right shoulder in all planes, decreased range of motion in the bilateral wrists in all planes, and decreased range of motion in the lumbar spine in all planes. The patient is currently prescribed Meloxicam, Cyclobenzaprine, and Ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 05/26/15, significant findings include: "mild multilevel degenerative disc disease greatest L4-5 and L5-S1 with grade 1 anterolisthesis L4-5, bilateral L4 spondylosis with edema across the bilateral pars defects... L3-4 and L4-5 bilateral facet arthropathy with degenerative edema right L3-4 facet joint... slight bilateral SI joint degenerative osteoarthritis." Patient is currently working modified duties. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 12 sessions of acupuncture for this patient's chronic lower back pain, the provider has exceeded guideline recommendations. There is no evidence that this patient has had any acupuncture to date. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on improvements; in this case, the treater requests 12 initial sessions without first establishing efficacy. Were the request for 3-6 treatments, the recommendation would be for approval. However, this excessive number of sessions without documented efficacy or functional improvement cannot be substantiated. Therefore, the request IS NOT medically necessary.

Protonix 20mg take po once daily for gastritis #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG Pain Chapter (updated 06/15/15).

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

Decision rationale: The patient presents on 05/01/15 with neck pain rated 3-8/10 which radiates into the bilateral shoulder, bilateral arm pain rated 7-8/10, bilateral wrist/hand pain rated 3-8/10 with associated numbness and tingling, lower back pain rated 7-8/10 which radiates into the left lower extremity, and bilateral knee pain rated 7-8/10 with a "give way sensation" bilaterally. The patient's date of injury is 03/28/15. Patient has no documented surgical history directed at these complaints. The request is for PROTONIX 20MG TAKE PO ONCE DAILY FOR GASTRITIS #60. The RFA was not provided. Physical examination dated 05/01/15 reveals decreased range of motion in the cervical spine in all planes, decreased range of motion in the right shoulder in all planes, decreased range of motion in the bilateral wrists in all planes, and decreased range of motion in the lumbar spine in all planes. The patient is currently prescribed Meloxicam,

Cyclobenzaprine, and Ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 05/26/15, significant findings include: "mild multilevel degenerative disc disease greatest L4-5 and L5-S1 with grade 1 anterolisthesis L4-5, bilateral L4 spondylosis with edema across the bilateral pars defects... L3-4 and L4-5 bilateral facet arthropathy with degenerative edema right L3-4 facet joint... slight bilateral SI joint degenerative osteoarthritis." Patient is currently working modified duties. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Protonix, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. It is not clear how long this patient has been taking Protonix or to what effect. This patient is currently prescribed Meloxicam, but there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg take po once daily for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 05/01/15 with neck pain rated 3-8/10 which radiates into the bilateral shoulder, bilateral arm pain rated 7-8/10, bilateral wrist/hand pain rated 3-8/10 with associated numbness and tingling, lower back pain rated 7-8/10 which radiates into the left lower extremity, and bilateral knee pain rated 7-8/10 with a "give way sensation" bilaterally. The patient's date of injury is 03/28/15. Patient has no documented surgical history directed at these complaints. The request is for CYCLOBENZAPRINE 7.5MG TAKE PO ONCE DAILY FOR PAIN #90. The RFA was not provided. Physical examination dated 05/01/15 reveals decreased range of motion in the cervical spine in all planes, decreased range of motion in the right shoulder in all planes, decreased range of motion in the bilateral wrists in all planes, and decreased range of motion in the lumbar spine in all planes. The patient is currently prescribed Meloxicam, Cyclobenzaprine, and Ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 05/26/15, significant findings include: "mild multilevel degenerative disc disease greatest L4-5 and L5-S1 with grade 1 anterolisthesis L4-5, bilateral L4 spondylosis with edema across the bilateral pars defects... L3-4 and L4-5 bilateral facet arthropathy with degenerative edema right L3-4 facet joint... slight bilateral SI joint degenerative osteoarthritis." Patient is currently working modified duties. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 under Muscle relaxants 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. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should

not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. It is not clear how long this patient has been prescribed Cyclobenzaprine or to what effect. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back or cervical pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 90 tablets does not imply the intent to limit use of this medication to 2-3 weeks. Therefore, the request IS NOT medically necessary.

Toxicology urine screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents on 05/01/15 with neck pain rated 3-8/10 which radiates into the bilateral shoulder, bilateral arm pain rated 7-8/10, bilateral wrist/hand pain rated 3-8/10 with associated numbness and tingling, lower back pain rated 7-8/10 which radiates into the left lower extremity, and bilateral knee pain rated 7-8/10 with a "give way sensation" bilaterally. The patient's date of injury is 03/28/15. Patient has no documented surgical history directed at these complaints. The request is for TOXICOLOGY URINE SCREENING. The RFA was not provided. Physical examination dated 05/01/15 reveals decreased range of motion in the cervical spine in all planes, decreased range of motion in the right shoulder in all planes, decreased range of motion in the bilateral wrists in all planes, and decreased range of motion in the lumbar spine in all planes. The patient is currently prescribed Meloxicam, Cyclobenzaprine, and Ibuprofen. Diagnostic imaging included MRI of the lumbar spine dated 05/26/15, significant findings include: "mild multilevel degenerative disc disease greatest L4-5 and L5-S1 with grade 1 anterolisthesis L4-5, bilateral L4 spondylosis with edema across the bilateral pars defects... L3-4 and L4-5 bilateral facet arthropathy with degenerative edema right L3-4 facet joint... slight bilateral SI joint degenerative osteoarthritis." Patient is currently working modified duties. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS to ensure that this patient is compliant with his medications - though it is not clear if the patient is currently taking narcotic medications. Progress note dated 05/01/15 does not include list any narcotic medications in this patient's current regimen, nor indicate that the provider intends on prescribing any. Without documentation that this patient is currently taking narcotic medications requiring compliance UDS, the medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.