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| Case Number: | CM15-0162340 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 06/15/2007 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/18/2015 |

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 6-15-07. The injured worker has complaints of low back pain. Examination of the cervical spine reveals tenderness to palpation of the right paracervical and right trapezius musculature, muscle spasms are noted and limited range of motion. The diagnoses have included cervical myofascial strain with radicular complaints and lumbar myofascial strain with radicular complaints. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 6-23-15 showed there is mild scoliotic curvature. The request was for anaprox DS 550mg #60; prilosec 20 mg #30; acupuncture treatment, twice weekly for three weeks, lumbar spine; random urine drug sample and back brace quick draw. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Medications for chronic pain.

Decision rationale: Based on the 5/28/15 progress report provided by the treating physician, this patient presents with low back pain and right lower extremity pain with numbness/tingling to foot. The treater has asked for Anaprox Ds 550mg #60 on 7/10/15. The request for authorization was not included in provided reports. The patient is s/p MRI of the L-spine from 6/23/15 which showed at broad 2mm disc bulge at L3-4 and L4-5. The patient is currently doing a home exercise program and taking medications per 7/10/15 report. The patient is s/p 12 sessions of physical therapy with unspecified benefit per 7/10/15 report. The patient has insomnia secondary to low back pain per 2/3/15 report. The patient's work status is post permanent and stationary per 2/3/15 report. MTUS, Anti-inflammatory medications section pg. 22: Anti- inflammatories 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti- inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. 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. In regard to the request for Anaprox, the treater does not discuss this request in the reports provided. The patient has been taking Diclofenac since 2/3/15 report, but it is being discontinued on 7/10/15 report. It appears the treater is switching from Diclofenace to Anaprox. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. This initiating request for Anaprox appears reasonable for patient's ongoing chronic pain. Therefore, the request is medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 5/28/15 progress report provided by the treating physician, this patient presents with low back pain and right lower extremity pain with numbness/tingling to foot. The treater has asked for Prilosec 20mg #30 on 7/10/15. The request for authorization was not included in provided reports. The patient is s/p MRI of the L-spine from 6/23/15 which showed at broad 2mm disc bulge at L3-4 and L4-5. The patient is currently doing a home exercise program and taking medications per 7/10/15 report. The patient is s/p 12 sessions of physical therapy with unspecified benefit per 7/10/15 report. The patient has insomnia secondary to low back pain per 2/3/15 report. The patient's work status is post permanent and stationary per 2/3/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states,

"Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treater does not discuss this request in the reports provided. The patient has been prescribed Prilosec since at least 5/28/15. In this case, the patient has been taking Voltaren since 2/3/15, and is currently being prescribed Anaprox per 7/10/15 report. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not include any discuss of gastric complaints per reports dated 5/28/15 to 7/10/15 despite over a month of using Prilosec. Therefore, the request is not medically necessary.

Acupuncture treatment, twice weekly for 3 weeks, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 5/28/15 progress report provided by the treating physician, this patient presents with low back pain and right lower extremity pain with numbness/tingling to foot. The treater has asked for Acupuncture Treatment, Twice Weekly For 3 Weeks, Lumbar Spine on 7/10/15. The request for authorization was not included in provided reports. The patient is s/p MRI of the L-spine from 6/23/15 which showed at broad 2mm disc bulge at L3-4 and L4-5. The patient is currently doing a home exercise program and taking medications per 7/10/15 report. The patient is s/p 12 sessions of physical therapy with unspecified benefit per 7/10/15 report. The patient has insomnia secondary to low back pain per 2/3/15 report. The patient's work status is post permanent and stationary per 2/3/15 report. MTUS, Acupuncture Treatment Guidelines 2007, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. In this case, there is no documentation of a previous trial of acupuncture treatment per review of reports. Utilization review letter dated 7/20/15 denies request due to an absence of documentation noting the patient is participating in a physical rehabilitation program but does not mention prior acupuncture treatment. Given patient's condition, a trial of 3-6 sessions of Acupuncture would be indicated by MTUS guidelines. The request for 3 weeks of acupuncture treatments, twice weekly are in accordance with MTUS guidelines. Therefore, the request is medically necessary.

Random urine sample: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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) Chapter, under Urine drug testing.

Decision rationale: Based on the 5/28/15 progress report provided by the treating physician, this patient presents with low back pain and right lower extremity pain with numbness/tingling to foot. The treater has asked for Random Urine Sample on 7/10/15. The request for authorization was not included in provided reports. The patient is s/p MRI of the L-spine from 6/23/15 which showed at broad 2mm disc bulge at L3-4 and L4-5. The patient is currently doing a home exercise program and taking medications per 7/10/15 report. The patient is s/p 12 sessions of physical therapy with unspecified benefit per 7/10/15 report. The patient has insomnia secondary to low back pain per 2/3/15 report. The patient's work status is post permanent and stationary per 2/3/15 report. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The treater does not discuss this request in the reports provided. Utilization review letter dated 7/20/15 denies request as there is no indication that the patient has had misuse or abuse of medications, nor indication of aberrant pain behavior. The treater is requesting a random UDS. The patient's medication regimen includes Ultram as of 7/10/15 and there is no indication of any recent screenings. ODG allows for once yearly screening to monitor low-risk patients for medication compliance. This request is medically necessary.

Back brace quick draw: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under lumbar supports.

Decision rationale: Based on the 5/28/15 progress report provided by the treating physician, this patient presents with low back pain and right lower extremity pain with numbness/tingling to foot. The treater has asked for Back Brace Quick Draw on 7/10/15. The request for authorization was not included in provided reports. The patient is s/p MRI of the L-spine from 6/23/15 which showed at broad 2mm disc bulge at L3-4 and L4-5. The patient is currently doing a home exercise program and taking medications per 7/10/15 report. The patient is s/p 12 sessions of physical therapy with unspecified benefit per 7/10/15 report. The patient has insomnia secondary to low back pain per 2/3/15 report. The patient's work status is post permanent and stationary per 2/3/15 report. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "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)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater does not discuss the request. An MRI of the lumbar spine on 6/23/15 showed mild scoliotic curvature and a 2mm disc bulge at L3-4 and L4-5. However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. There is no evidence that this patient presents with any of the conditions indicated by guidelines for a back brace. There is no evidence of a recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.