MAXIMUS Federal Services

Case Number:	CM15-0166527		
Date Assigned:	09/04/2015	Date of Injury:	11/29/2013
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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 59 year old female, who sustained an industrial injury on 11-29-2013. The mechanism of injury is injury from a slip and fall. The current diagnoses are lumbar disc disease, lumbar facet syndrome, and right sacroiliac joint arthropathy. According to the progress report dated 7-17-2015, the injured worker complains of lumbar spine pain. The pain is rated 5-6 out of 10 on a subjective pain scale. She notes that the pain has decreased since her last visit. She describes the pain as non-radiating, occasional, sharp, burning, and pulling with associated soreness. The physical examination of the lumbar spine reveals diffuse paraspinous muscle tenderness and spasm, moderate to severe facet tenderness at L5-S1, right greater than left, positive piriformis and sacroiliac tenderness on the right, positive Faber's, sacroiliac thrust, and Yeoman's test on the right, positive straight leg raise bilaterally, and restricted range of motion. The current medications are Meloxicam, Protonix, Ambien, and Lidoderm patches. She has been taking her medication regularly and tolerates them well. She notes that her medications are helping with her pain. There is documentation of ongoing treatment with Ambien and Protonix since at least 4-16-2015 and Meloxicam since at least 5-21-2015. Treatment to date has included medication management, x-rays, physical therapy, home exercise, acupuncture, injection therapy, electrodiagnostic testing, and bilateral L5-S1 medial branch block rhizotomy (provided 65-70% pain relief). Work status is described as temporarily totally disabled. A request for Meloxicam, Protonix, Ambien, Lidoderm patches, and 12 aquatic therapy sessions to the lumbar spine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, 2 times a week for 6 weeks, lumbar spine: 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): Aquatic therapy.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, the guidelines specifically recommended aqua therapy when reduced weight bearing is desirable. There is no documentation that the injured worker requires reduced weight bearing exercises. In addition, the guidelines state that medical necessity for any therapy beyond the initial course depends on functional improvement. The work status is described as "temporarily totally disabled", which implies a complete lack of functional improvement. Furthermore, the injured worker should have had sufficient experience with physical therapy to perform independent exercise and self-care by now with previous physical therapy. Therefore, based on the CA MTUS guidelines and submitted medical records, the request for 12 aquatic therapy sessions to the lumbar spine are not medically necessary.

Meloxicam 7.5mg 1 PO BID #60: 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 (non-steriodal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded.In this case, the guidelines recommend NSAIDs for short-term symptomatic relief. There is documentation of ongoing treatment with Meloxicam since at least 5-21-2015, and continuation for any amount of time does not comply with the recommended guidelines. In addition, the submitted medical records failed to provide documentation regarding a diagnosis of osteoarthritis that would support the use of Meloxicam. Furthermore, there is no documentation of functional benefit or improvement such as a reduction in work restrictions; an

increase in activity tolerance; and/or a reduction in the use of medications as a result Therefore, based on CA MTUS guidelines and submitted medical records, the request for Meloxicam is not medically necessary.

Protonix 40mg 1 PO QD #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: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors (PPI) when a patient is considered to be at intermediate or high risk for gastrointestinal events or cardiovascular disease. PPIs should be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. Routine use of PPIs is not recommended as long-term use has been shown to increase the risk of hip fractures. In this case, there is no documentation that the injured worker is at risk for gastrointestinal events or cardiovascular complications, and therefore non-selective non-steroidal, anti-inflammatory medications do not need to be accompanied with a PPI. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Protonix is not medically necessary.

Ambien 10mg 1 PO QHS #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien (Zolpidem).

Decision rationale: The CA MTUS guidelines are silent regarding the use of Ambien. However, according to the Official Disability Guidelines; Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the submitted medical records failed to provide documentation regarding sleep history including hours of sleep, sleep hygiene, and efficacy of prior medication use or a diagnosis that would support the use of Ambien. Additionally, the guidelines recommend Ambien for short term (7-10 days) treatment of insomnia. There is documentation of ongoing treatment with Ambien since at least 4-16-2015, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Ambien is not medically necessary.

Lidoderm patches 5% every 12 hours on and every 12 hours off #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): Topical Analgesics.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is a topical analgesic recommended for localized peripheral pain. Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. This is not a first line treatment and only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on MTUS guidelines and submitted medical records, the request for Lidoderm patches are not medically necessary.