MAXIMUS Federal Services

Case Number:	CM15-0187146		
Date Assigned:	09/29/2015	Date of Injury:	01/16/2015
Decision Date:	12/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on 1-16-15. Medical records indicate that the injured worker is undergoing treatment for cervical myofascial pain, left periscapular pain and cervical paraspinal trigger points. The injured worker was noted to be temporarily totally disabled. On (8-17-15) the injured worker complained of neck pain and left scapular pain rated 6 out of 10 on the visual analogue scale. Examination of the cervical spine revealed tenderness and palpable trigger points over the paraspinal musculature. Cervical range of motion was decreased. Spasms were noted in the cervical para musculature and cervical trapezius muscles. Subsequent progress reports (7-20-15, 5-11-15 and 4-13-15) indicate the injured workers pain levels were consistent at 7 out of 10. The injured workers current medications regime was continued to allow him to adhere to an exercise program and help increase his tolerance to activities and improve his function. The injured worker was able to perform very light cleaning, shopping and simple cooking. The injured worker recalled gastrointestinal upset with non-steroidal anti-inflammatory drugs without a proton pump inhibitor medication, but no gastrointestinal with his current proton pump inhibitor medication at the current dose. Treatment and evaluations to date has included medications, MRI of the cervical spine, chiropractic treatments, physical therapy, toxicology screen (5-18-15) and a home exercise program. The UDS was inconsistent with negative result for prescribed cyclobenzaprine and Tramadol ER. The MRI of the cervical spine (3-27-15) revealed no severe degenerative changes or no high-grade central canal or neural foraminal narrowing at any level. Current medications include Tramadol ER, Naproxen Sodium, Pantoprazole and Cyclobenzaprine. The injured worker was noted to be prescribed the current medications since

at least April of 2015. The request for authorization dated 8-4-15 includes requests for a transcutaneous electrical nerve stimulation unit-one month trial, shockwave therapy to treat the cervical myofascial component-trigger points # 5 and retrospective requests (date of service 8-7-15) for Naproxen Sodium 550 mg # 90, Pantoprazole 20 mg # 90, Cyclobenzaprine 7.5 mg # 90, Tramadol ER 150 mg # 60 and a urine toxicology screen. The Utilization Review documentation dated 9-8-15 non- certified the requests for a transcutaneous electrical nerve stimulation unit-one month trial, shockwave therapy to treat the cervical myofascial component-trigger points # 5 and retrospective requests (date of service 8-7-15) for Naproxen Sodium 550 mg # 90, Pantoprazole 20 mg # 90, Cyclobenzaprine 7.5 mg # 90, Tramadol ER 150 mg # 60 and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit for 1 month trial: 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): Electrical stimulators (E-stim), Percutaneous electrical nerve stimulation (PENS), Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter TENS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Transcutaneous Nerve Stimulation (TENS) therapy can be utilized for the treatment of chronic musculoskeletal pain. The guidelines recommend the documentation of efficacy and functional restoration during an initial supervised 30 days trial of the use of TENS before purchase of the TENS unit. The records indicate the presence of severe musculoskeletal pain that have not resolved with medications and PT. The criteria for Transcutaneous Nerve Stimulation (TENS) unit for 1 month trial was medically necessary.

Shockwave therapy to treat cervical myofascial component/ trigger points, quantity: 5 sessions: 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), ESWT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim), Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shockwave Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Extracorporal Shockwave Therapy (ESWT) can be beneficial for specific conditions such as epicondylitis and tendonitis. There is lack of clinical evidence for guidelines support for the utilization of ESWT for the treatment of neck / upper back pain or generalized body pain. The criteria for Shockwave therapy to treat cervical myofascial component / trigger points, quantity 5 sessions was not medically necessary.

Retrospective request for Naproxen Sodium 550mg #90, date of service 08/17/2015: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient failed treatment with first line Ibuprofen and COX-2 NSAIDs. There is documentation of efficacy and functional restoration with utilization of Naproxen. The gastrointestinal symptoms was relieved with utilization of Pantoprazole. The criteria for retrospective request for Naproxen sodium 550mg #90 DOS 8/17/2015 was medically necessary.

Retrospective request for Pantoprazole 20mg #90, date of service 08/17/2015: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in the elderly and patients with a history of NSAIDs induced gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient failed treatment with first line Ibuprofen and COX-2 NSAIDs. There is documentation of efficacy and functional restoration with utilization of Naproxen. The gastrointestinal symptoms was relieved with utilization of Pantoprazole. The criteria for the retrospective request for Pantoprazole 20mg 90 DOS 8/17/2015 was medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90, date of service 08/17/2015: 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants / opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the duration of the use of muscle relaxants had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for retrospective request for cyclobenzaprine 7.5mg #90 DOS 8/17/2015 was not medically necessary.

Retrospective request for Tramadol ER 150mg #60, date of service 08/17/2015: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The guidelines recommend the documentation of compliance with serial UDS, absence of aberrant behavior, CURESS data reports and functional restoration. The records indicate non compliance with the prior non compliance UDS and lack of sustained reduction in pain scores or significant functional restoration with chronic utilization of opioids. The criteria for retrospective request for Tramadol ER 150mg #60 DOS 8/17/2015 was not medically necessary.

Retrospective request for urine toxicology screen, date of service 08/17/2015: 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): Drug testing, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Urine Drug Test.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Urine Drug Screen (UDS) can be utilized for compliance monitoring during chronic opioid medications. The guidelines recommend that UDS can be initiated at the beginning of opioid treatment and continued with increased frequency in the presence of red flag condition or aberrant behavior. The records indicate that the last UDS was inconsistent with the non detection of prescribed cyclobenzaprine and Tramadol. The request for Tramadol was not certified. The criteria for the retrospective request for Urine Drug Screen (UDS) DOS 8/17/2015 was not medically necessary.