

Case Number:	CM15-0205672		
Date Assigned:	10/22/2015	Date of Injury:	01/17/2013
Decision Date:	12/31/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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, 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 41 year old female, who sustained an industrial injury on 1-17-2013. A review of the medical records indicates that the injured worker is undergoing treatment for 2mm protrusion C2-C3, C3-C4, C4-C5, and C5-C6, cervical sprain-strain, right median neuropathy (electrodiagnostically positive), and cervical paraspinal musculature trigger points. On 8-20-2015, the injured worker reported cervical; pain with left upper extremity symptoms rated 7 out of 10, with multiple tender trigger points of the cervical paraspinal musculature with resultant decline in range of motion (ROM) and decrease in function. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker's medication at current dosing facilitated maintenance of activities of daily living (ADLs) with tolerance to activity and improved function noted with current medication dosing. Tramadol ER was noted to facilitate an average five point diminution in somatic pain with non-steroid anti-inflammatory drugs (NSAIDs) facilitated improved range of motion (ROM) and decreased achy pain in addition to a 3 point average with improved range of motion (ROM). Cyclobenzaprine was noted to decrease spasms for approximately 4-6 hours. The physical examination was noted to show cervical spine tenderness with diminished sensation of the left C6 and C7 dermatomal distributions, and spasm of the cervical trapezius with multiple tender trigger points of the cervical paraspinal musculature. Prior treatments have included trigger point injection, physical therapy, activity modification, and non-steroid anti-inflammatory drugs (NSAIDs). The treatment plan was noted to include requests for authorization for extracorporeal shock wave therapy, concurrent chiropractic treatments, medications dispensed including Tramadol, prescribed since at least 7-21-2015,

Naproxen, Cyclobenzaprine, and Protonix, DNA-genetic testing, and a urine toxicology screen. The injured worker's work status was noted to be temporarily partially disabled with restrictions. Notes indicate that the patient has not undergone chiropractic care previously. Notes also indicate that a previous urine drug screen was performed on August 20, 2015 which was consistent with the currently prescribed medications. The request for authorization dated 9-21-2015, requested extracorporeal shockwave therapy 5 sessions, Chiro #1 2x4 for cervical spine, Tramadol ER 150mg #60 two PO QD, DNA-genetic testing to rule out metabolic pathway deficiency for proper medication selection-management, and a urine toxicology screen . The Utilization Review (UR) dated 9-28-2015, non-certified the requests for extracorporeal shockwave therapy 5 sessions, DNA-genetic testing to rule out metabolic pathway deficiency for proper medication selection-management, and a urine toxicology screen and modified the request for Chiro #1 2x4 for cervical spine to certify 6 visits for the cervical spine, and Tramadol ER 150mg #60 two PO QD to certify one prescription of Tramadol ER 150mg #55 for the purpose of weaning to discontinue with a reduction of MED by 10-20% per week over a weaning period of 2-3months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy 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, Neck and Upper Back Chapter - Extracorporeal Shockwave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anthem Medical Policy # SURG.00045 Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

Decision rationale: Regarding the request for ESWT, California MTUS does not address the issue. ODG does not address the issue for the cervical spine, but cites that it is not recommended for the lumbar spine as the available evidence does not support its effectiveness in treating low back pain. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested ESWT is not medically necessary.

Chiro #1 2x4 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Regarding the request for Chiro #1 2x4 for cervical spine, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic

pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently Chiro #1 2x4 for cervical spine is not medically necessary.

Tramadol ER 150mg #60 two PO QD: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Regarding the request for Tramadol ER 150mg #60 two PO QD, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Tramadol ER 150mg #60 two PO QD is medically necessary.

DNA/Genetic testing to R/O Metabolic pathway deficiency for proper medication selection/management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Cytokine DNA Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

Decision rationale: Regarding a request for DNA/Genetic testing, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not

recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested DNA/Genetic testing is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.