

Case Number:	CM15-0020832		
Date Assigned:	02/10/2015	Date of Injury:	02/27/2014
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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: Massachusetts

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 42 year old male who sustained an industrial injury on February 27, 2014. He has reported low back pain and lower extremity pain and has been diagnosed with lumbar sprain/strain, lumbar intersegmental dysfunction, sacral intersegmental dysfunction, lumbar radiculopathy, right, myofascial pain syndrome, L3-L4 disc protrusion, L5-S1 disc bulge, broad based, and L2-L3 spinal stenosis mild. Treatment has included injections, medications, and physical therapy. Currently the injured worker had dull and radiating pain to the buttock, posterior thigh, calf on the right and left thigh. There was numbness, soreness, and weakness of the right lower extremity. The treatment plan included ice therapy. On January 8, 2015 Utilization Review non certified physical therapy; eight session 2 x 4, omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg, Voltaren XR 100 mg, Mentherm gel # 2, and trigger point injections (TPI) x 4 paraspinal muscles under ultrasound citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.

Omperazole 20 mg one daily or twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication at the recommended dose. There is no documentation of ongoing dyspepsia secondary to NSAID therapy. In this scenario, guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed.

Flexeril 7.5 mg one three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred

options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

Neurontin 600 mg three times a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's Neurontin dosing is consistent with recommended guidelines and therefore medically necessary.

Voltaren XR 100 mg one daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects p67-71 Page(s): 67-71.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. Guidelines recommend the use of NSAID (nonsteroidal antiinflammatory medications) with caution as an option in the treatment of chronic pain. Dosing is Voltaren-XR 100 mg PO once daily for chronic maintenance therapy. Therefore, the requested Voltaren ER is medically necessary.

Menthoderm gel #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. Mentherm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as osteoarthritis, fibromyalgia, and chronic nonspecific back pain. In this case, the claimant is also being prescribed oral Voltaren XR. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.

TPI (Trigger Point Injections) X 4 to Paraspinal muscles under Ultrasound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. Treatments have included physical therapy, medications and injections. The claimant has findings by imaging and complaints consistent with radiculopathy. Criteria for the use of trigger point injections include an absence of findings of radiculopathy and documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and there are findings consistent with radiculopathy with prior treatments including epidural steroid injections. Therefore trigger point injections were not medically necessary.