

Case Number:	CM15-0030954		
Date Assigned:	04/24/2015	Date of Injury:	10/30/2014
Decision Date:	08/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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: New York
 Certification(s)/Specialty: Internal 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 39 year old male, who sustained an industrial injury on 10/30/2014, after being attacked by a student at a college. He reported injury to his head, left arm, left side of body, and back. He also reported experiencing anxiety and dental injuries. The injured worker was diagnosed as having cephalgia, left shoulder and arm sprain/strain, lumbar sprain/strain, rule out radiculitis (right side greater than left), and symptoms of anxiety and depression. Treatment to date has included diagnostics and medications. On 1/06/2015, the injured worker complained of constant headaches. The pain was predominantly in the back of his head and he also experienced dizziness, loss of equilibrium, swaying of his body from side to side, blurred vision, visual disturbances, slurring and stuttering of speech, and nausea and vomiting. His pain woke him from sleep nightly and was rated 7/10, 9/10 at worst and 5/10 at best. Pain was present in his cervical spine, left shoulder, left arm, and lumbar spine. His past medical history included a parasympathetic trigger injection in 2010 and a motor vehicle accident in 2005, sustaining a back injury. The treatment plan included Fexmid, Norco, Ultracet, Prilosec, Mobic, psychosocial evaluation, magnetic resonance imaging of the lumbar spine, electromyogram and nerve conduction studies of the bilateral lower extremities, LSO back brace, interferential unit for 5 month rental, physical therapy, and orthopedic follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of persistent radicular low back pain. Physician report at the time of the request under review demonstrated objective clinical neurologic findings on exam, including weakness in great toe dorsiflexors and plantarflexors bilaterally, L3-L4 facet joint tenderness, and positive straight leg raise test. Documentation further supports that the injured has not responded significantly to treatment, which establishes the medical necessity for additional imaging for further evaluation. The request for MRI Lumbar Spine is medically necessary per MTUS.

EMG/NCV Bilateral Lower Extremities: 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); Pain, electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. The request for EMG/NCV Bilateral Lower Extremities is not medically necessary by MTUS.

IF Unit x 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: MTUS states that Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). Electrotherapy is recommended in conjunction with other treatments, including return to work, exercise and medications. This form of treatment is appropriate for patients with significant pain from postoperative conditions that limit the ability to perform exercise programs/physical therapy treatment, or refractory to conservative measures (e.g., repositioning, heat/ice, etc.), patients whose pain is ineffectively controlled due to diminished effectiveness or side effects of medications or patients with history of substance abuse. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Documentation provided does not support that the injured worker is physically limited from a postoperative condition or meets other necessary criteria to establish the medical necessity for the use of IF Unit. With MTUS criteria not being met, the request for IF Unit x 5 month rental is not medically necessary.

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Fexmid) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Fexmid. The request for Fexmid 7.5mg #120 is not medically necessary per MTUS guidelines.

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

Decision rationale: MTUS states that the use of Lumbar supports to treat low back pain has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long term use of lumbar supports is not recommended. Chart documentation shows the injured worker complains of chronic low back pain and there is no report of acute exacerbation of symptoms to justify the use of a lumbar support. The request for Lumbar Spine Brace is not medically necessary.

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Ultram ER. With MTUS guidelines not being met, the request for Ultram ER 150mg #30 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical

necessity of ongoing use of Prilosec. The request for Prilosec 20mg #60 is not medically necessary per MTUS guidelines.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck, left shoulder, left arm, and low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #60 is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Mobic 15mg #30 is not medically necessary.

Ortho follow up in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

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

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. Documentation shows that the injured worker is undergoing active treatment for chronic neck, left shoulder, left arm and low back pain. The request for follow up office visit is appropriate for further treatment interventions. Per guidelines, the request for Ortho follow up in 6 weeks is medically necessary.