

Case Number:	CM15-0034936		
Date Assigned:	03/27/2015	Date of Injury:	12/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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: Pennsylvania

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 54-year-old female who has reported low back pain after pulling on 12/17/14. She has been diagnosed with lumbar disc displacement, sciatica, and tendinitis/bursitis of the hips. Treatment to date has included physical therapy, medications, a back brace, and chiropractic. The reports from the initial primary treating physician show normal radiographs of the low back, prescribing of Anaprox, Robaxin, tramadol, cyclobenzaprine, Tylenol, a lumbar brace, and chiropractic. The chiropractic care included electrical muscle stimulation (EMS) and therapeutic activities. None of the treatments resulted in any functional improvement or significant change in symptoms. On 1/28/15, this injured worker was initially evaluated by the current primary treating physician. There was ongoing low back, hip, and knee pain. Prior treatment included physical therapy, tramadol, ibuprofen, and Flexeril. Current medications are tramadol and ibuprofen. Radiographs of the spine were obtained. She has not worked since 12/31/14, or she may now be working part time. Work restrictions were noted. There was no discussion of the results of any treatment. No records were reviewed. The treatment plan included modified work, physical therapy, passive physical therapy modalities, chiropractic, therapeutic activities, inflammation topical compound (lidocaine-gabapentin-ketoprofen), Muscular Pain Topical Compound (flurbiprofen-cyclobenzaprine-baclofen-lidocaine), Ultram, Motrin, interferential stimulation, lumbosacral orthosis (LSO), functional capacity evaluation and Work Hardening Screening. On 2/20/15 Utilization Review non-certified, the items now referred for Independent Medical Review, noting the lack of indications per the MTUS and the

Official Disability Guidelines, as well as the non-specific requests. 6 visits of physical therapy were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric muscle stimulator unit QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: EMS is not recommended for chronic pain per the MTUS. EMS was used previously and was not effective. There is no duration of use specified. EMS is not medically necessary based on the MTUS.

Infrared QTY 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: infrared therapy and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, updated Chronic Pain section, page 170.

Decision rationale: The MTUS does not provide direction for the use of infrared. The updated ACOEM Guidelines are cited above, and recommend against the use of infrared. The ODG notes that infrared is not recommended over other heat therapies. Infrared is not medically necessary based on lack of medical evidence or necessity.

Chiropractic Treatment (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers Compensation, 9th Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent

upon functional improvement. There are no reports from the treating chiropractor or the primary treating physician, which describe specific functional improvement after the prior course of 6 chiropractic visits. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement after an initial trial of 6 visits. Also, the current request is for an unlimited number of visits, which is not medically necessary.

Massage, low back & bilateral hips (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The request is for an unspecified quantity of visits. Prescriptions for massage, per the MTUS, should be for 4-6 visits only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. Massage therapy is not medically necessary based on lack of an associated active therapy and exercise program, and lack of a sufficient prescription.

Therapeutic activities (Quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

Decision rationale: This request is presumed to be for some form of therapeutic exercise, a form of physical therapy. The request to Independent Medical Review is for an unspecified quantity and duration. Prescriptions for physical therapy, per the MTUS, should be for a limited number of visits. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. This injured worker has already completed 6 visits of therapy with "therapeutic activities". There was no benefit from those visits. The treating physician did not address the prior 6 visits and the reasons why the same treatment that had failed should be given again. Prescribing physical therapy for repetitive exercise is not indicated, as exercise does not require supervision in physical therapy and in order for exercise to be effective, it must be continued for the long term at home. Additional Physical Medicine in the form of therapeutic exercise is not medically necessary

based on the MTUS, lack of a sufficient request, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS. Therefore, the request is not medically necessary.

Inflammation topical compound cream QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include lidocaine-gabapentin-ketoprofen. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state, "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Muscle pain topical compound cream QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include flurbiprofen-cyclobenzaprine-baclofen-lidocaine. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state, "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Two muscle relaxants were dispensed simultaneously, which is duplicative, unnecessary, and potentially toxic. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Ultram 50mg (Quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Opioids are not medically necessary when prescribed in this manner, as all opioids should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing is in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. There is no evidence that the treating physician has

utilized a treatment plan NOT using opioids, and that the treating physician has adequately addressed failures of "non-opioid analgesics". The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Motrin 800mg (Quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 68, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise, from prior use this NSAID. Many medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician is prescribing both oral and topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been prescribing NSAIDs for a month or more with no benefit, which is counter to the recommendations of the MTUS for treatment of back pain. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for NSAIDs, per the MTUS, should be for short-term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings. Therefore, the request is not medically necessary.

Multi Interferential Stimulator rental 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, ACOEM Guidelines update, 4/7/08, Low Back, page 166.

Decision rationale: The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The interferential unit is not medically necessary based on lack of medical evidence and the cited guidelines.

Orthosis LSO QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, page 138, lumbar supports.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. The lumbar brace is therefore not medically necessary.

Functional Capacity Evaluation QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004 Chapter 7, Pages 137-8, discussion of IME recommendations (includes functional capacity evaluation).

Decision rationale: The ACOEM guidelines pages 137-8, in the section referring to Independent Medical Evaluations (which is not the context in this case), state "there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace" and "it is problematic to rely solely upon the functional

capacity evaluation results for determination of current work capability and restrictions". The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. Although the treating physician mentions Work Hardening, there is no evidence of any Work Hardening program per the criteria in the MTUS. The Official Disability Guidelines state that a functional capacity evaluation is "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The current request does not meet this recommendation, as it appears to be intended for general rather than job-specific use. The treating physician has not defined the components of the functional capacity evaluation. Given that, there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation (assuming that any exists), cannot be determined without a specific prescription, which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The treating physician has not provided any information in compliance with this portion of the MTUS. The functional capacity evaluation in this case is not medically necessary based on lack of medical necessity and lack of a sufficiently specific prescription.

Work Hardening (quantity unknown) QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126.

Decision rationale: The treating physician is recommending Work Hardening, or possibly "screening" for Work Hardening, but has not provided a prescription, which adequately addresses the requirements of the MTUS. The frequency, duration, content and intensity of the proposed Work Hardening/Work Conditioning program are not explained. Note the MTUS recommendations for an initial course of Work Hardening/Work Conditioning, and the expected duration, hours/day, and days/week. There is no evidence that the employer has an explicit agreement to return this patient to work contingent upon completion of a Work Hardening/Work Conditioning program. The records imply that this injured worker is not returning to work for the same employer. There is no evidence that the treating physician has consulted an employer-approved job/physical demands analysis prior to prescribing Work Hardening/Work Conditioning. The patient did not improve with a trial of PT. Work Hardening/Work Conditioning programs are for patients who made some improvement with PT, but whom have plateaued and require further physical medicine treatment. Work Hardening/Work Conditioning is not medically necessary in this case because the treating physician has not provided the necessary components of the Work Conditioning program as recommended in the MTUS, and because the injured worker does not meet the necessary criteria listed in the MTUS.