

Case Number:	CM15-0058263		
Date Assigned:	04/03/2015	Date of Injury:	06/18/2013
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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:

This 42-year-old male has reported low back pain after lifting on 6/18/13. The diagnoses include lumbar spine strain, lumbar radiculitis, and lumbar disc bulge. Electrodiagnostic testing and a lumbar MRI showed no significant pathology. Treatments to date have included chiropractic care, physical therapy, acupuncture, injections and medications. The injured worker has seen multiple treating physicians during the course of this injury. The qualified medical examination (QME) of 11/21/14 did not describe evidence of significant benefit from any treatment. Per the primary treating physician report of 10/20/14, there was ongoing low back pain. Current medications were present but not listed. The treatment plan included chiropractic, Flexeril, naproxen, Menthoderm, MRI, and "temporarily totally disabled" work status. On 12/1/14, there was ongoing low back pain. The work status was "temporarily totally disabled." The same medications and chiropractic care were continued. There was no discussion of the results of treatment. On 2/23/15, there was low back pain, spasm, limited range of motion, and tenderness. The treatment plan included physical and/or chiropractic therapy, refill of the same medications, and "temporarily totally disabled" work status. There was no discussion of the results of prior treatment. A urine drug screen on 1/12/15 was negative for cyclobenzaprine. Per the chiropractic report of 10/24/14, there was ongoing back pain after courses of treatment with prior physicians. Treatment had included medications, injections, and acupuncture. The injured worker had stopped working in 2013. The treatment plan included chiropractic and physical therapy for 18 visits. There was no work status or discussion of function. 14 chiropractic visits had been completed as of 12/4/14, with no discussion of functional improvement. On 3/18/15 Utilization

Review non-certified naproxen, chiropractic, cyclobenzaprine, omeprazole, and Methoderm based on the MTUS and lack of specific benefit from prior treatment with these modalities. The treatment requests for medications were for an unspecified dose and quantity. These same unspecified doses and quantities were appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

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

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.

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. Three 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 nonsteroidal anti-inflammatory drugs (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 injured worker remains "temporarily totally disabled," indicating profound disability, and a failure of all treatment to date. None of the kinds of functional improvement discussed in the MTUS is evident. 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 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.

18 sessions of chiropractic therapy; 3 times a week for 6 weeks to the lumbar spine: Upheld

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

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, 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. The current request is for 18 more visits after at least 14 visits were already completed. 14 visits exceed the 6-visit trial recommended in the MTUS, as would 18 more visits. The treating physician has stated that the patient is "temporarily totally disabled," which implies inability to perform most ADLs, and inability to perform nearly all exercise. This is evidence of no functional improvement. The treating physician has not provided any evidence of functional improvement to date. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement after an initial trial of at least 14 visits, and number of sessions requested in excess of the guidelines. Therefore, the request is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions 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. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The last urine drug screen did not detect any cyclobenzaprine. This result potentially implies that the injured worker is not taking the medication, and this result was not addressed by the treating physician. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co therapy with a nonsteroidal anti-

inflammatory drug (NSAID) is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for proton pump inhibitors (PPIs) should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesaemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Menthoderm cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. 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 Mentoderm, it is not medically necessary on this basis at minimum. 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. None of the physician reports discuss the results of using Mentoderm, or if the injured worker is even using it at all. The "temporarily totally disabled" work status implies no functional improvement from this or any other treatment. Although the MTUS recommends topical salicylates, no treatment should be continued without good evidence of specific benefit. Mentoderm is not medically necessary based on prescribing which is not in accordance with the MTUS and the lack of any apparent benefit.