

Case Number:	CM15-0068853		
Date Assigned:	04/24/2015	Date of Injury:	05/28/2013
Decision Date:	07/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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 29 year-old female who has reported widespread pain after she fell at work on 05/28/2013. The diagnoses have included left shoulder tendinitis, cervical spine strain, lumbar spine strain, left hip contusion, stress, and depression. Treatment to date has included a neck pillow, neck traction with an air bladder, hot and cold wrap, physical therapy, chiropractic, trigger point injection, a transcutaneous electrical nerve stimulation (TENS) unit, and many medications. A MRI of the neck and low back in November 2013, did not show significant pathology. Per an Agreed Medical Examination (AME) on 3/17/15, there was ongoing pain that was moderately severe pain accompanied by poor function. There was no benefit described from any of the treatments. The only current medications listed were tizanidine and Norco. No neurological deficits were present. Future treatment was to include nonsteroidal anti-inflammatory agents (NSAIDs) and physical therapy for flare-ups. No surgery or further tests were recommended. On 7/1/13 a treating physician noted an adverse reaction to tramadol and it was discontinued. The injured worker changed primary treating physicians and as of 7/30/13 the new (and current) primary treating physician dispensed omeprazole, acetadryl, diclofenac, and tramadol. Other treatment listed on that date included a hot and cold wrap, a pillow, chiropractic, TENS, a psyche evaluation, a back brace, Terocin, Medrox, possible electrodiagnostic testing, and possible blood testing. The work status was modified. The physical examination was limited to the neck, shoulder, and the left upper extremity. Reports during 2014-2015 show chronic prescribing of Vicodin, LidoPro, Terocin, Flexeril, Nalfon, orphenadrine, and topiramate. A cervical traction unit and a TENS unit were dispensed by the treating physician in 2014. The

work status has remained as modified, although it appears that the injured worker has not worked since the injury, per the reports of the primary treating physician. Function has remained very poor, with difficulty performing even the lightest of activities. For example, the injured worker is stated to be able to sit, stand, and walk for no more than 10 minutes. A cane was prescribed. A urine drug screen on 2/11/15 was positive for Norco. Tramadol was not tested. On 3/16/15 the primary treating physician noted ongoing multifocal pain, poor function, and use of a pillow, traction, and a hot and cold wrap. There was no discussion of the specific symptomatic and functional benefit from the medications or any other treatment. The TENS unit was described as barely helpful. The physical examination was of the neck, shoulder, and low back. No neurological signs were listed. Tingling in the left leg was mentioned. "Stress and depression" were listed but not described. The treatment plan included trazodone, cyclobenzaprine, LidoPro ointment, topiramate, tramadol, Norco, EMG/NCV of all the extremities, IF or muscle stimulator, physiatry consultation, psychiatric evaluation, and a lumbar back support brace with insert. On 3/27/15 Utilization Review certified venlafaxine and non-certified the list of items appealed for this Independent Medical Review. The MTUS and the Official Disability Guidelines were cited. Note was made of a psychiatric consultation authorized on 5/21/14. The requests were stated to not comply with the recommendations of the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone HCl 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain Page(s): 60, 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment. Mental Illness chapter, antidepressants.

Decision rationale: The treating physician has not provided a specific rationale for prescribing trazodone. It is not clear if it is prescribed for chronic pain, depression, or insomnia (the three most likely uses in this setting). If there were to be an indication for an antidepressant for chronic pain in this case, a TCA would be the first choice, followed by an SNRI (see the MTUS citations). Effexor was already prescribed so the indication for trazodone to treat chronic pain is uncertain. Per the cited guidelines, an antidepressant like Effexor would be preferred over trazodone for the purpose of treating depression. There would be no indication for starting both Effexor and trazodone together, as there has not yet been a clinical trial of the recently-prescribed Effexor. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like trazodone, discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Trazodone is not

medically necessary based on lack of sufficient evaluation of any sleep disorder, lack of sufficient indications overall, and lack of a sufficient treatment plan in light of the other medications.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 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. Prescribing may or may not be for low back pain, as the treating physician has not provided a specific rationale and indications. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing cyclobenzaprine in the past. 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. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

LidoPro ointment 121gm: Upheld

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

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 these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "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. Lidopro contains capsaicin,

lidocaine, menthol, and methyl salicylate. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). 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. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Topical salicylates in the standard formulations like BenGay are recommended in 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.

Topiramate 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials, Definitions Page(s): 16-22, 60, 1.

Decision rationale: Per the MTUS, Topamax is recommended for neuropathic pain after other agents have failed. There is no good evidence in this case for neuropathic pain. This medication was initiated at the same time as multiple other medications. The MTUS, page 60, recommends that each medication be trialed alone, with determination of individual results and side effects. This medication was not prescribed according to the MTUS, making determination of its specific results equivocal at best. Per the MTUS, topiramate (Topamax) may be considered for neuropathic pain when other anticonvulsants fail. There is no record of adequate trials of other anticonvulsants. There is no evidence of specific benefit from the Topamax used to date. Pain remains high and function is very poor. Topamax is not medically necessary based on the lack of any clear indication, lack of benefit, and the lack of prescribing per the MTUS.

Tramadol 150mg #30: 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: There is insufficient 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 are in evidence. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications including tramadol were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The injured worker has not returned to work while taking tramadol, which fails the "return-to-work" criterion for opioids in the MTUS. While taking tramadol the injured worker has continued to exhibit poor function and has ongoing pain requiring multiple modalities of pain treatment. This fails the definition of functional improvement in the MTUS, of which a decreasing dependency on medical care is one aspect. While taking tramadol the primary treating physician did not conduct any drug testing according to guideline recommendations. The one test performed did not test for tramadol. Tramadol has been prescribed simultaneously with Effexor. There are significant risks due to toxicity and this has not been addressed by the treating physician. 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.

Norco 10/325mg: 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 Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient 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 are in evidence. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications including Norco were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The injured worker has not returned to work while taking Norco, which fails the "return-to-work" criterion for opioids in the MTUS. While taking Norco the injured worker has continued to exhibit poor function and has ongoing pain requiring multiple modalities of pain treatment. This fails the definition of functional improvement in the MTUS, of which a decreasing dependency on medical care is one aspect. While taking Norco the primary treating physician did not conduct any drug testing according to guideline recommendations, including the lack of random testing and the performance of only one test to date. The one test performed did not test for tramadol, one of the prescribed opioids. As currently prescribed, norco 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.

EMG/NCV BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary and the Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no specific neurologic symptoms. The findings are non-specific, and have been present for years. The AME documented the absence of any neurological deficits and recommended against further testing. The MRI of the low back was normal. The treating physician did not adequately address the content of prior testing, treatment, or medical records. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications, clinical examination, and sufficient review of prior treatment as outlined in the MTUS.

EMG/NCV BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182 and 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary and the Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 168-171.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are

based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no specific neurologic symptoms in the upper extremities. The AME documented the absence of any neurological deficits and recommended against any further testing. The treating physician did not adequately address the content of prior testing, treatment, or medical records. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

IF or muscle stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) Page(s): 119, 121. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, IF stimulation.

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 treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. Neuromuscular stimulation, per the MTUS, is not recommended for chronic pain. The requested units are therefore not medically necessary based on the cited guidelines.

Physiatry consultation: 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 Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 180, 210, 306.

Decision rationale: Some of the MTUS body part chapters, as cited above, recommend the option of a physical medicine and rehabilitation (PMR) referral for non-surgical issues. In this case, the treating physician, who is an MD specializing in orthopedic surgery, has not provided any specific indications for a referral to "physiatry." The treating physician has not described any complex pain problems or reasons that he cannot treat the pain using usual medications and non-

surgical modalities recommended in treatment guidelines. Although a referral might theoretically be an option in this case, medical necessity is contingent upon specific clinical reasons that need to be explained by the treating physician. The referral is not medically necessary based on the lack of specific indications.

Psychiatric evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 15 Stress Related Conditions Page(s): 22-33, 391-402.

Decision rationale: The ACOEM Guidelines pages 22-33 and 391-397 discuss the evaluation of patients in general, and of patients with possible "stress-related conditions". Important history and physical findings are outlined. There is practically none of this sort of information in the available reports. It is not possible to determine medical necessity for a psychiatric referral based on the very brief information presented. As with any other specialist referral, the referring physician is expected to provide a sufficient account of signs and symptoms such that medical necessity is established. Although psychiatric conditions are often multifactorial and complex, the major factors can be outlined by a non-psychiatric physician. The referral is not medically necessary based on lack of sufficient evaluation or evidence of a psychiatric condition as per the recommendations in the MTUS.

Lumbar back support brace and back support insert: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, 308. Decision based on Non-MTUS Citation 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 and any insert is therefore not medically necessary.