MAXIMUS Federal Services

Case Number:	CM15-0068855		
Date Assigned:	04/23/2015	Date of Injury:	08/13/2013
Decision Date:	07/20/2015	UR Denial Date:	03/12/2015
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 was a 54 year old female who sustained an industrial injury on August 13, 2013. The injured worker previously received the following treatments and evaluation: multiple urine toxicology laboratory studies, physical therapy, cervical spine MRI, brain MRI, injections, manipulation therapy and shockwave therapy. The injured worker was diagnosed with lumbar disc herniation, right foot osteoarthropathy, synovitis and tenosynovitis left knee, lumbar spine strain/sprain, and right elbow lateral epicondylitis. Much of the submitted progress notes were illegible. Medication history was not documented. Multiple urine drug screens were negative for all substances tested; one urine drug screen in February 2015 was positive for tramadol and one urine drug screen in December 2014 was positive for clonazepam. A therapy log notes 7 sessions of therapy consistent with chiropractic treatment from 11/5/14 to 12/23/14. According to progress note of March 4, 2015, the injured worker reported pain. The injured worker rated the pain 5 out of 10 in severity. The physical exam noted lumbar spine with decreased range of motion with spasms. Work status was noted as "remain off work." At a visit on 4/3/15, the injured worker reported low back pain and right foot pain rated 4/10 in severity. Examination showed tenderness to the lumbosacral spine with decreased range of motion and spasms, and tenderness to the right foot. The treatment plan included urine toxicology screening, chiropractic therapy, acupuncture therapy, Ketoprofen, follow-up visit, Anaprox, Prilosec, Tramadol, Flexeril and Flurbiprofen. On 3/12/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in on-going opiate management Page(s): 43 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, drug opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing, opioids, screening tests for risk of addiction and misuse.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. In this case, the injured worker has had at least eight urine drug screens between September 2014 and March 2015. Medications used in this timeframe were not clearly documented. Most of the urine drug testing was negative for all substances tested; one was positive for tramadol and one was positive for clonazepam. Results of testing were not discussed or addressed. There was no documentation of risk assessment for aberrant behavior, which would be necessary to determine frequency of testing. The current requests include a request for tramadol. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, and as noted below, the associated opioid has been determined to be not medically necessary. This obviates the need for any drug testing, at least based on the assumption that it would be for an opioid therapy program. As results of prior drug testing, including multiple negative tests in spite of possible treatment with opioids, were not addressed, and as the current requested opioid has been determined to be not medically necessary, the request for urine drug screen/urine toxicology is not medically necessary.

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. In this case, there was no documentation of reduction to, or intolerance of pain medication, current participation in physical rehabilitation, or plan for surgery. The number of sessions requested (8) is in excess of the guideline recommendation for a 3-6 visit initial trial. Due to lack of specific indication and number of sessions requested in excess of the guidelines, the request for acupuncture is not medically necessary.

Chiropractic Therapy 1x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and 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. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." In this case, the body site to be treated with chiropractic therapy was not specified. The documentation submitted contained a therapy log from November and December of 2014 showing 7 sessions of therapy which was consistent with chiropractic treatment. There was no documentation of functional improvement as a result of this therapy. Work status remained off work, there was no discussion of improvement in activities of daily living, and there was no discussion of reduction in medication use. Office visits have continued at approximately the same frequency. Due to insufficiently specific prescription, and lack of documentation of functional improvement as a result of prior chiropractic therapy, the request for Chiropractic Therapy 1x 4 is not medically necessary.

Topical Flurbiprofen 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications Page(s): 25, 28, and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The documentation submitted did not indicate the site of application. Topical non-steroidals are not recommended for neuropathic pain. 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. The treating physician has prescribed two topical NSAIDs, flurbiprofen and ketoprofen, as well as the oral NSAID anaprox, which is duplicative and potentially toxic. For these reasons, the request for Topical Flurbiprofen 120gm is not medically necessary.

Topical Ketoprofen 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Ketoprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. The documentation submitted did not indicate the site of application. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The treating physician has prescribed two topical NSAIDs, flurbiprofen and ketoprofen, as well as the oral NSAID anaprox, which is duplicative and potentially toxic. For these reasons, the request for Topical Ketoprofen 120gm is not medically necessary.

Follow-up visit in 4 weeks: 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 Chapter (office visits).

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

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. In this case, the documentation indicates ongoing back and foot pain. There was notation of knee and elbow issues, which were not well documented. The documentation from the physician has been largely illegible, with minimal documentation of examination findings and response to treatment, and no clear documentation regarding medication use. The requested medications have been determined to be not medically necessary. Due to insufficient documentation of objective findings, medication history, and response to treatment, the request for follow-up visit in 4 weeks is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic multifocal pain, including back pain. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. The number requested suggests chronic use, not acute treatment for exacerbation of chronic pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The treating physician has prescribed two topical NSAIDs, flurbiprofen and ketoprofen, as well as the oral NSAID anaprox, which is duplicative and potentially toxic. Due to potential for toxicity, and lack of documentation of treatment for acute exacerbation of pain (rather than chronic use), the request for anaprox is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: This injured worker has been prescribed anaprox, a non-steroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. There was no documentation of GI signs or symptoms. Due to lack of specific indication, the request for prilosec is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 42.

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

Decision rationale: This injured worker has chronic multifocal pain. 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. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. Limited, mixed evidence does not allow for a recommendation for chronic use. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. Due to number requested in excess of the guideline recommendation for a short period of treatment, the request for flexeril is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Tramadol (ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. 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, and opioid contract. Other than random drug testing, none of these aspects of prescribing are in evidence. There was no discussion of functional goals, and the injured worker was noted to remain off work. This injured worker has chronic multifocal pain including chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non-opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. A treatment plan in accordance with these criteria was not documented. It is unclear if this injured worker has been using tramadol, and the timeframe of such use was not discussed. One urine drug screen was positive for tramadol, and multiple other urine drug screens were negative for tramadol; these findings were not addressed by the treating physician. Due to lack of a treatment plan in accordance with the MTUS, tramadol does not meet the criteria prescription of opioids as elaborated in the MTUS and is therefore not medically necessary.