

<b>Case Number:</b>	CM15-0077325		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 67 year old female, who sustained an industrial injury on October 23, 2012. She reported neck and low back pain. The injured worker was diagnosed as having cervical protrusion, myospasm, lumbar disc protrusion with radiculitis and right shoulder impingement. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of chronic neck and low back pain with associated shoulder pain and bilateral upper extremity tingling and numbness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 8, 2015, revealed continued pain as noted. Medications, acupuncture, shockwave therapy, physical therapy, a urinary drug screen, medications and diagnostic studies were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for toxicology:** 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, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to demonstrate that the injured worker is at high risk of addiction or aberrant behavior and there is no evidence that an Opioid drug is being prescribed. With guidelines not being met, the request for Urine drug screen performed 01/12/2015 is not medically necessary. Documentation fails to support that the injured worker is at high risk of addiction or aberrant behavior and the ongoing use of opioid drugs has not been recommended. The medical necessity for more frequent urine drug testing has not been established. With guidelines not being met, the request for Urinalysis for toxicology is not medically necessary.

**Pain management consult for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd edition, 2004, Chapter 7 page 127, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30 - 33, pg 49.

**Decision rationale:** Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker complains of chronic neck and low back pain. Documentation fails to show a significant loss of ability to function and there is no evidence to support that all other treatment modalities have been recommended and deemed unsuccessful. In the absence of treatment failure and significant loss of function, MTUS guidelines for Pain Management have not been met. The request for Pain management consult for lumbar spine is not medically necessary.

**Orthopedic shockwave for cervical spine, 6 sessions:** 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), Low Back, Shock wave therapy;

[http://www.cigna.com/customer\\_care/healthcare\\_professional/coverage\\_position/medical/mm\\_0004\\_coveragepositioncriteria\\_eswt\\_for\\_musculoskeletal\\_conditions.pdf](http://www.cigna.com/customer_care/healthcare_professional/coverage_position/medical/mm_0004_coveragepositioncriteria_eswt_for_musculoskeletal_conditions.pdf).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Per guidelines, extracorporeal shockwave treatment (ESWT) is approved for the treatment of rotator cuff tendonitis associated with calcific deposits in the tendon (calcific tendonitis). It is recommended for use in patients, whose pain has remained despite six months of standard treatment and at least three conservative treatments, including rest, ice, NSAIDs, orthotics, physical therapy and cortisone injections. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate a diagnosis that fits the criteria for the recommendation of extracorporeal shock wave therapy (ESWT). The request for orthopedic shockwave for cervical spine, 6 sessions is not medically necessary.

**Chiropractic therapy for 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Neck Chapter.

**Decision rationale:** MTUS recommend a trial of 6 Chiropractic visits over 2-3 weeks for neck pain due to cervical strain. The primary criterion for continued treatment is based on patient response. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. The injured worker complains of chronic neck and low back pain. Documentation provided for review reveals that the injured worker has had previous chiropractic treatment, with no objective functional improvement. No other evidence is provided of functional improvement. Given that the injured worker has completed an initial course of chiropractic care and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional chiropractic treatment has not been established. Per guidelines, the request for Chiropractic therapy for 2 times a week for 4 weeks is not medically necessary.

**Naproxen sodium 550mg #60:** Upheld

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

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

**Decision rationale:** Per MTUS, 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 acute exacerbation or significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Naproxen sodium 550mg #60 is not medically necessary.

**Omeprazole 20mg #60: 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.

**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 Omeprazole. The request for Omeprazole 20mg #60 is not medically necessary per MTUS guidelines.

**Flurbiprofen / Capsaicin/ Camphor 10/0.025%/2%/1% (120mg): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Camphor. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flurbiprofen / Capsaicin/ Camphor 10/0.025%/2%/1% (120mg) is not medically necessary by MTUS.

**Ketoprofen/ Cyclobenzaprine/ Lidocaine 10%/3%/5% 120mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend Ketoprofen or muscle relaxants (Flexeril) as topical agents. Furthermore, Ketoprofen is not currently FDA approved for topical application. MTUS states that non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. These medications are used as local anesthetics and anti-pruritics. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ketoprofen / Cyclobenzaprine / Lidocaine 10%/3%/5% 120mg is not medically necessary by MTUS.

**Tramadol 150mg ER #60: Upheld**

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

**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. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol ER. With MTUS guidelines not being met, the request for Tramadol 150mg ER #60 is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine (Flexeril) 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. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Cyclobenzaprine. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary per MTUS guidelines.

**Acupuncture 1 time a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation shows that the injured worker complains of chronic neck and low back pain managed to date with multiple treatment modalities, including acupuncture. Given that the injured worker has completed an initial course of acupuncture and there is no report of significant improvement in physical function or exceptional factors, medical necessity for additional acupuncture has not been established. Per guidelines, the request for Acupuncture 1 time a week for 4 weeks is not medically necessary.