

Case Number:	CM15-0080995		
Date Assigned:	05/01/2015	Date of Injury:	07/08/2008
Decision Date:	07/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 7/08/2008. She reported a trip and fall striking the head, neck, mid back, and low back. Loss of consciousness was reported. Initially there was confusion and mild memory impairment. Diagnoses include post-traumatic head syndrome, cervical degenerative disc disease, spinal stenosis, radiculitis, and lumbar disc herniation. Treatments to date include medication therapy, physical therapy, currently, she complained of severe neck and back pain and left hand pain. On 2/26/15, the physical examination documented pain with palpation of the cervical processes and tenderness with lumbar muscles. The plan of care included physical therapy, Voltaren Gel, Celebrex and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (duration and amount unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111-113.

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for VOLTAREN GEL (DURATION AND AMOUNT UNSPECIFIED). Patient's diagnosis per Request for Authorization form dated 03/23/15 includes spinal stenosis of unspecified region and cervical sprain. Diagnosis on 02/26/15 included cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniations, lumbar spinal stenosis, and lumbar radiculopathy. Physical examination to the cervical spine on 02/26/15 revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on right lateral flexion 5 degrees. Examination of the lumbar spine revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Impaired sensation to the lower extremities. Treatment to date included electrodiagnostic studies, physical therapy and medications. Patient's medications include Tramadol, Celebrex, Norco, Vicodin and Voltaren gel. The patient is permanent and stationary, per 02/26/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treater has not provided medical rationale for the request. Voltaren has been included in patient's medications, per progress reports dated 01/22/15 and 02/26/15. Per 02/26/15 report, treater states "...to be applied on an as needed basis to the involved areas." In this case, there are no discussions regarding location that will be treated, nor medication efficacy. The patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID topical would be indicated. NSAID topical is not indicated for low back or neck conditions. This request does not meet MTUS indications. Furthermore, treater states DURATION AND AMOUNT UNSPECIFIED. Guidelines do not support open-ended requests as such. Therefore, Voltaren gel IS NOT medically necessary.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications page(s): 22, 60.

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for CELEBREX 200MG #30. Patient's diagnosis per Request for Authorization form dated 03/23/15 includes spinal stenosis of unspecified region and cervical sprain. Diagnosis on 02/26/15 included cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniations, lumbar spinal stenosis, and lumbar radiculopathy. Physical examination to the cervical spine on 02/26/15 revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on right

lateral flexion 5 degrees. Examination of the lumbar spine revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Impaired sensation to the lower extremities. Treatment to date included electrodiagnostic studies, physical therapy and medications. Patient's medications include Tramadol, Celebrex, Norco, Vicodin and Voltaren gel. The patient is permanent and stationary, per 02/26/15. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). (Celebrex package insert) MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Celebrex has been included in patient's medications, per progress reports dated 01/22/15 and 02/26/15. Per 02/26/15 report, treater states "...to be taken daily as needed as an anti-inflammatory medication." NSAID's are indicated by MTUS as first line treatment to reduce pain. However, Celebrex is not indicated for all patients according to guidelines. There is no indication that patient has trialed and failed other NSAID's. In this case, treater has not discussed GI complications or medical rationale to warrant the request. Given lack of documentation, the request IS NOT medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for TRAMADOL 50MG #60. Patient's diagnosis per Request for Authorization form dated 03/23/15 includes spinal stenosis of unspecified region and cervical sprain. Diagnosis on 02/26/15 included cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniations, lumbar spinal stenosis, and lumbar radiculopathy. Physical examination to the cervical spine on 02/26/15 revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on right lateral flexion 5 degrees. Examination of the lumbar spine revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Impaired sensation to the lower extremities. Treatment to date included electrodiagnostic studies, physical therapy and medications. Patient's medications include Tramadol, Celebrex, Norco, Vicodin and Voltaren gel. The patient is permanent and stationary, per 02/26/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain

relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater has not provided medical rationale for the request. Tramadol has been included in patient's medications, per progress report dated 02/26/15. Per 02/26/15 report, treater states "...to be taken q8h as needed for severe pain." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states, "Function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Physical Therapy upper and lower back 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s): 98-99.

Decision rationale: Based on the 02/26/15 progress report provided by treating physician, the patient presents with neck and low back pain. The request is for PHYSICAL THERAPY UPPER AND LOWER BACK 3 X 4. Patient's diagnosis per Request for Authorization form dated 03/23/15 includes spinal stenosis of unspecified region and cervical sprain. Diagnosis on 02/26/15 included cervical degenerative disc disease, cervical spinal stenosis, cervical radiculitis, lumbar disc herniation, lumbar spinal stenosis, and lumbar radiculopathy. Physical examination to the cervical spine on 02/26/15 revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on right lateral flexion 5 degrees. Examination of the lumbar spine revealed tenderness to paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Impaired sensation to the lower extremities. Treatment to date included electrodiagnostic studies, physical therapy and medications. Patient's medications include Tramadol, Celebrex, Norco, Vicodin and Voltaren gel. The patient is permanent and stationary, per 02/26/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Treater has not provided medical rationale for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented

efficacy of prior therapy. There is no discussion of any flare-ups, explanation of why on-going therapy is needed, nor is reason patient unable to transition into a home exercise program. Furthermore, the request for 12 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.