

Case Number:	CM14-0141060		
Date Assigned:	09/10/2014	Date of Injury:	01/30/2014
Decision Date:	11/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in ABIM, Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old male with a reported date of injury on January 30, 2014. The mechanism of injury is not described. The injured worker complains of pain in the right hand rated 6/10, for which he has received twelve visits of chiropractic treatment. It is noted in the prior utilization review, that a total of 35 physiotherapy/chiropractic sessions have been completed to date. The injured complains of low back pain for which he has received twelve sessions of therapy. It is noted that it was not evident that such a number of visits for therapy were indicated for this worker beyond the initial trial of six chiropractic treatments. A utilization review decision dated August 20, 2014 resulted in denial of a variety of retrospective requests for medications and chiropractic treatment, date of service (DOS) July 7, 2014, but certified Naproxen #60 and a follow-up visit in four weeks. It is unknown at this time if a follow-up visit has occurred. The injured worker's injury occurred in January 2014 and he has been treated with Tramadol, Cyclobenzaprine, Naproxen, and Omeprazole and has had extensive chiropractic and physical therapy. There has been lack of substantial improvement. Urine drug screens have been offered as part of monitoring. The injured worker also had a QME (qualified medical evaluation) and, if conservative therapy fails for the back, the recommendation was to pursue a pain management consultation and spinal orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150mg (DOS) 7/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids for chronic pain, and Opioids, criteria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-88.

Decision rationale: Chronic opiate therapy for non-malignant chronic pain is not recommended unless the patient has failed other appropriate modalities of treatment. This includes not only Acetaminophen, NSAIDs (non-steroidal anti-inflammatory drugs), heat/ice, and physical therapy, but also psychological and cognitive management, to explore psychological factors relating to the patient's pain complaints, and adjuvant medications that can have a specific and important effect on chronic pain. These adjuvant medications include antidepressants, anti-epileptic agents, and tricyclic compounds. The focus of management of patients with chronic pain should be on function more so than a focus on pain, pain generators and using opiates, which, in the experience of the reviewer, often result in chronic unremitting complaints of pain despite the use of high doses, a pattern of dysfunction and dependence with attendant risks of significant morbidity and mortality. In this patient's case, the use of opiates has been pursued without the use of adjunctive medications mentioned before and, particularly, without an assessment of behavioral and psychological factors (the biopsychosocial model of chronic pain). In this setting, the use of opiates is inappropriate medically and inconsistent with current thinking related to chronic pain pathophysiology and therapy. As such, the request is not medically necessary or appropriate.

Retrospective Omeprazole 20mg, (DOS) 7/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation article BS Anand et al. Endoscopy 31;215 (1999)

Decision rationale: The patient is 37 years old. He does not have a history of H pylori infection, Peptic ulcer, endoscopy-proven gastritis, or gastroesophageal disease, and he is not on high dose or dual NSAID therapy. As such, he does not meet guideline recommendations regarding the use of PPI therapy. There are side effects of chronic PPI therapy including hypomagnesemia, osteopenia, increased risk of C difficile and community acquired pneumonia. Further, the treatment of dyspepsia with PPI carries the risk of missing a serious disorder such as neoplasm or peptic ulcer or H pylori-related gastritis without addressing the underlying cause and merely masking symptoms. As such, only a short empiric course of treatment, up to 8 weeks, is recommended by most authorities (American College of Gastroenterology). Subsequent to that, if symptoms continue, an evaluation is indicated. If symptoms abate with eight weeks of treatment, an attempt should be made to use non PPI agents and tapering or withdrawal of the PPI so as to assess the presence of ongoing symptoms. Otherwise, patients are often left on chronic PPI treatment without really needing it. Indeed, a third of patients on PPI therapy in the

US have no appropriate indication. This has been evident in large observational studies. As such, the request for omeprazole is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg, (DOS) 7/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs and Antispasmodics Page(s): 64-66.

Decision rationale: Short term treatment with antispastic and antispasmodic agents does show some (albeit limited) efficacy in the management of patients with acute painful spasms and musculoskeletal conditions. Cyclobenzaprine is not indicated for long term treatment. If the provider has reason to believe that the patient has unique and special or exceptional factors that should allow deviation from the guidelines applicable, this information should be clearly presented in the request for treatment. As no such exceptional factor is noted, the request is deemed not medically necessary.

Retrospective Chiropractic Therapy to the lumbar spine, 3 times a week for 4 weeks,: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Manipulation

Decision rationale: The patient has had 35 sessions of manipulation and physical therapy with minimal improvement. Further benefit from chiropractic treatment is not expected. Therefore, it is not medically necessary or appropriate.

Retrospective Urinalysis for toxicology (DOS) 7/7/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (pain)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug testing

Decision rationale: Confirmatory testing of urine toxicology is not recommended by applicable guidelines if there is no abnormality on point of care screening testing done in the office. In patients who don't exhibit aberrant behaviors, doing urine drug testing more than 2-3 times a

year at random is unnecessary. The patient already had two urine drug screens in April and June 2014. Finally, there is no documentation of an appropriate screening instrument/survey or questionnaire that would support more frequent testing.

Retrospective Ketoprofen/Cyclobenzaprine/Lidocaine, 120grams (DOS) 7/7/2014: 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): 111-112.

Decision rationale: Cyclobenzaprine is not approved for topical use and does not have appropriate clinical data to support its use in this form. Since one component of the formulation is not recommended, the entire formulation cannot be recommended. Therefore, the request is not medically necessary.

Retrospective Gabapentin/Amitriptyline/Capsaicin 120grams (DOS) 7/7/2014: 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): 111-112.

Decision rationale: Amitriptyline and Gabapentin do not have supportive evidence for use as topical agents to justify their use in this fashion. These agents should be used systemically in cases of chronic pain and neuropathy. Therefore, this request is not recommended as medically necessary.