

Case Number:	CM14-0141942		
Date Assigned:	09/10/2014	Date of Injury:	01/07/2013
Decision Date:	10/10/2014	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 Family 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:

This is a 65-year-old female who reported a work related injury to the neck and back on 1/7/2013, 21 months ago, attributed to the performance of her usual and customary job tasks. The patient complains of neck pain radiating to the BUEs and back pain radiating to the BLEs. The objective findings on examination include height 5'2"; weight 180 pounds; Mark tenderness to palpation to the bilateral lower paraspinal muscles; range of motion was flexion 70 with pain; extension full and active range of motion; rotation limited secondary to pain; neurovascular status intact distally; SLR was reported positive bilaterally; antalgic gait pattern. The diagnoses were acute cervical strain; left shoulder strain and rotator cuff syndrome rule out rotator cuff tear; left upper extremity radicular pain and numbness; lumbar disc herniation at L4-L5; left lower extremity radicular pain; internal medicine issue; left hand pain in August dysfunction. The treatment plan included a heating pad; aquatic physical therapy 26 sessions; Kera-tek analgesic gel; Ultram 50 mg 2-3 per day; and omeprazole #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for the medications prescribed without an NSAID. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be on NSAIDs. There is no medical indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole/Prilosec 20 mg #60. There is no documented functional improvement with the prescribed omeprazole.

Ultram 2-3 tablets daily:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The prescription for Tramadol 50 mg #unspecified for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic mechanical back pain and neck pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the whole person. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for neck, back, and knee pain. The chronic use of Tramadol is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic mechanical back, neck, and knee pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial.

Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect."ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Tramadol/ Ultram for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Tramadol/Ultram. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Tramadol/Ultram is not demonstrated to be medically necessary. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol/Ultram 50 mg #unspecified as prescribed to the patient is demonstrated to be not medically necessary.

Aqua Therapy twice per week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-204; 299-300, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98-99, 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114. Official Disability Guidelines (ODG) lower back section--PT; knee section—PT

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. The patient is not precluded from performing land-based exercise. There is no rationale to support additional PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care 21 months after the DOI. There was no performed physical examination and no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar/cervical spine. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient has some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment

programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested 12 sessions of aquatic therapy directed to the lumbar spine or for the cited diagnoses.

