

Case Number:	CM14-0145467		
Date Assigned:	09/12/2014	Date of Injury:	11/28/2011
Decision Date:	10/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation 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:

Patient is a 27-year-old female who has submitted a claim for pain in the thoracic spine, lumbago, myofascial pain syndrome, posttraumatic stress disorder, and insomnia associated with an industrial injury date of 11/28/2011. Medical records from 2014 were reviewed. Patient complained of low back pain, rated 8/10 in severity, radiating to the lower extremity. Patient had episodes of depression manifesting with low energy, loss of motivation, and loss of appetite. Patient reported going to sleep at 10 p.m. and waking up at 5 a.m.; however, sleep was disrupted during the night. Approximate sleep duration was 5 to 6 hours. Patient reported feeling tired the following day. Physical examination of the lumbar spine showed muscle spasm, tenderness, and restricted motion. Patient was able to walk on heels and toes. Treatment to date has included use of a TENS unit, home exercise program, and medications such as naproxen, Prilosec, topical cream, and escitalopram (since June 2014). Utilization review from 9/3/2014 denied the request for Sleep hygiene class because there was no further discussion concerning insomnia and there was no evidence that prior treatments had failed; denied TENS patch x4 because specific improvements with prior use of a TENS unit were not documented; denied Naproxen 350mg, #60 because of no objective functional improvement; denied Omeprazole 20mg, #60 because of no documented gastrointestinal complaint; denied LidoPro 121 gm x1 because of limited published studies concerning its efficacy and safety; and denied functional capacity evaluation because there was no clear evidence of failed return to work attempts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep hygiene class: 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 Procedure Summary Insomnia

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Section, Insomnia Treatment

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Secondary insomnia may be treated with pharmacological and/or psychological measures. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Cognitive therapy for insomnia is recommended for chronic insomnia. Patients were offered up to 6 weekly sessions of CBT, including sleep education, sleep hygiene, stimulus control therapy, sleep restriction, a 10-minute relaxation exercise, and cognitive therapy, plus a patient workbook. Recommendation is 13 - 20 visits over 7 - 20 weeks of individual therapy sessions. In this case, patient reported going to sleep at 10 p.m. and waking up at 5 a.m.; however, sleep was disrupted during the night. Approximate sleep duration was 5 to 6 hours. Patient reported feeling fatigued the following day. However, she was prescribed Ambien and there was no discussion concerning functional outcomes. Furthermore, cognitive therapy for insomnia was only recommended for chronic insomnia as stated above; patient only started complaining of sleep difficulty in June 2014. Moreover, the request failed to specify number of sessions. The request is incomplete; therefore, the request for a sleep hygiene class is not medically necessary.

TENS patch x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, TENS in Chronic Pain Page(s): 114-116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient was recommended use of a TENS unit since June 2014. The present request is for supply of TENS patch. However, medical records submitted and reviewed failed to provide documentation of functional improvement and symptom relief with TENS use. The medical necessity for continuing treatment cannot be established due to insufficient information. Therefore, the request for TENS patch x 4 is not medically necessary.

Naproxen 350mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since June 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for naproxen 350mg, #60 is not medically necessary.

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 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since June 2014. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for omeprazole 20mg, #60 is not medically necessary.

LidoPro 121gm x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, page 28 - 29; Topical Analgesics, pages 111-113 Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but

the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro lotion 121 gm x 1 is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. FCE may be considered when there is a prior unsuccessful return to work attempt. In this case, there is no documented rationale for FCE. There is no job specific description submitted which is recommended by the guidelines. It is unclear how FCE may affect management due to insufficient documentation. Therefore, the request for a functional capacity evaluation is not medically necessary.