

<b>Case Number:</b>	CM14-0021789		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, thumb, and wrist pain reportedly associated with an industrial injury of August 25, 2003. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; anxiolytic medications; topical agents; Botox injections; unspecified amounts of physical therapy, occupational therapy; and acupuncture; earlier shoulder surgery; and earlier thumb surgery. In a Utilization Review Report dated February 5, 2014, the claims administrator partially certified request for 24 sessions of physical therapy as six sessions of physical therapy, partially certified request for six sessions of occupational therapy as three sessions of occupational therapy, partially certified request for 12 sessions of acupuncture as four sessions of acupuncture, denied a request for medical transportation, denied a request for an ultrasound and light therapy combination machine, conditionally certified a Saunders home traction device as an over-the-door home cervical traction device, and denied a topical compounded cream. The claims administrator employed a variety of non-MTUS ODG Guidelines on physical therapy in its partial certifications and also cited the outdated 2007 Acupuncture Medical Treatment Guidelines, which it mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a February 20, 2014 appeal letter, the attending provider stated that he took exception with several aspects of the utilization review decision. The attending provider stated that the claims administrator had misrepresented large portions of the case. The attending provider stated that the applicant had an endoscopically confirmed duodenal ulcer. The attending provider stated that the brand name Saunders cervical home traction device would ameliorate the applicant's cervical dystonia and jaw pain. The applicant's work status was not clearly provided, although it was implied that the applicant was not working. The attending

provider stated that the applicant was using magnesium and Colace effectively for constipation. The attending provider implied that the applicant was on long-term disability, although, again, this was not stated. The attending provider stated that the applicant's husband was unable to drive her to and from appointments and that the applicant therefore needed a driver. The applicant was no longer receiving temporary disability benefits, it was stated, although she was not working. All in all, the attending provider's appeal letter was 12 pages long, almost as long as the 15-page Utilization Review denial. In an appeal letter, the attending provider stated Frova was used for less severe migraine headache and that Treximet was used for severe migraine headaches. The attending provider stated that these medications did reduce the applicant's debilitating migraines. These two medications, the attending provider stated, had diminished the migraine headaches when they arose. The attending provider stated that the applicant was using Zofran and Phenergan to combat opioid-induced nausea.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CONTINUE PHYSICAL THERAPY 3 X WEEK X 8 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

**Decision rationale:** The 24 sessions of treatment, in and of themselves, represent treatment in excess of the 9 to 10 sessions recommended on page 99 of the MTUS Chronic Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. As noted on page 8 of the MTUS Chronic Medical Treatment Guidelines, furthermore, there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement with earlier treatment. The applicant is off of work, on total disability, appears to be highly reliant and highly dependent on various forms of medical treatment, including numerous oral analgesics and topical compounds. Continued pursuit of physical therapy in the face of the applicant's failure to demonstrate functional improvement as defined in MTUS 9792.20f through prior treatment is not recommended. Therefore, the request is not medically necessary.

#### **CONTINUE OCCUPATIONAL THERAPY 1 X WEEK X 6 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,FOREARM, WRIST, AND HAND.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

**Decision rationale:** While page 99 of the MTUS Chronic Medical Treatment Guidelines does recommend a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total disability. The applicant remains highly reliant and highly dependent on numerous analgesic and adjuvant medications. All of the above, taken together, argues against functional improvement achieved through earlier unspecified amounts of physical and occupational therapy. Therefore, the request for six sessions of occupational therapy is not medically necessary.

**ACUPUNCTURE 2 X WEEK X 6 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The 12-session course of treatment proposed here, in and of itself represents treatment in excess of the three to six sessions deemed necessary in MTUS 9792.24.1.c.1 needed to effect functional improvement. No rationale for treatment at a rate two to four time MTUS parameters was provided. It is further noted that the request appears to represent a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the applicant's failure to return to any form of work, several years removed from the date of injury, and continued reliance and dependence on various forms of medical treatment, including oral and topical analgesic medications, taken together, implies the lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier acupuncture in unspecified amounts. Therefore, the request is not medically necessary.

**LYING DOWN TRANSPORTATION 4 DAYS /WEEK FOR 8WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,KNEE AND LEG TRANSPORTATION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is keeping appointments. Thus, the transportation being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

**DYNATRONICS SOLARIS 701 ULTRASOUND & LIGHT THERAPY COMBINATION MACHINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,LOW BACK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 123. 98-99.

**Decision rationale:** As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, ultrasound therapy, the modality being sought here, is not recommended. Similarly, pages 98-99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of a claim. Thus, the request does not conform to MTUS parameters or principles. Therefore, the request is not medically necessary.

**SAUNDERS CERVICAL HOME TRACTION DEVICE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8, page 181, traction is deemed not recommended. The attending provider has not furnished any compelling narrative commentary, applicant-specific rationale, or medical evidence which would offset the unfavorable ACOEM recommendation. It is further noted that pages 98 and 99 of the MTUS Chronic Medical Treatment Guidelines endorsed active therapy and active modalities during the chronic pain phase of the claim as opposed to passive modalities such as traction. Therefore, the request is not medically necessary.

**MEDICATION COMPOUNDED EROXYCODONE,,OXYCODONE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant does not appear to have effected any improvements in function as a result of ongoing medication usage, including ongoing opioid

usage. The applicant is apparently having difficulty performing even basic activities of daily living, such as self-care and getting out of bed, it was suggested in the attending provider's appeal letter. There is likewise no concrete or tangible evidence of analgesia achieved as a result of the compounded opioid medication. Therefore, the request is not medically necessary.

**ZOFRAN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,PAIN,ANTIEMETICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, moreover, provide some compelling evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) notes that Zofran or Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, the attending provider is using Zofran for a non-FDA labeled purpose, namely opioid-induced nausea. No compelling medical evidence or applicant-specific commentary was provided to support such usage. Therefore, the request is not medically necessary.

**FROVA:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,HEAD.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Frova Medication Guide.

**Decision rationale:** While the MTUS does not address the topic of Frova usage, specifically, page 7 of the MTUS Chronic Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that ongoing usage of Frova, which per the National Library of Medicine is indicated in the treatment of acute migraine headaches, has ameliorated acute migraine headaches if and when they arise. The attending provider stated that Frova had successfully aborted less severe migraine headaches. The attending provider stated that Frova had allowed the applicant to get out of bed when she had migraine headaches and carry out some day-to-day tasks. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**TREXIMET:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/23406052](http://www.ncbi.nlm.nih.gov/pubmed/23406052).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Treximet Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Treximet usage, page 7 of the MTUS Chronic Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that ongoing usage of Treximet, which, per the Food and Drug Administration (FDA) is indicated in the treatment of acute migraine headaches, has been beneficial here. The attending provider has stated that Treximet has ameliorated the applicant's ability to get out of bed and perform some day-to-day tasks during those days on which the applicant experienced some severe migraine headaches. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**ALPRAZOLAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): BENZODIAZEPINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The attending provider has indicated that Alprazolam is being employed here for muscle spasms and insomnia. However, as noted on page 24 of the MTUS Chronic Medical Treatment Guidelines, benzodiazepines such as Alprazolam or Xanax are not recommended for chronic or long-term use purposes, either for sedative/hypnotic effect or for muscle relaxant effect, the purpose of which is reportedly being endorsed here. No compelling medical evidence was furnished to offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

**COLACE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy section Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is using an Oxycodone-OxyContin amalgam, and is reporting attendant symptoms of constipation. Ongoing usage of Colace to combat the same is indicated; particularly the attending provider has reported that the combination of Colace and magnesium has effectively ameliorated the same. Therefore, the request is not medically necessary.

**PHENERGAN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GASTROINTESTINAL SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Phenergan Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Phenergan usage, pages 7 and 8 of the MTUS Chronic Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has responsibility to be well informed regarding usage of the same and should, moreover, provide some medical evidence to support such usage. In this case, the attending provider has suggested that Phenergan is being employed to combat opioid-induced nausea. However, as noted by the Food and Drug Administration (FDA), Phenergan has a wide variety of usage, including rhinitis, conjunctivitis, angioedema, urticaria, dermographism, postoperative sedation, and/or nausea and vomiting associated with certain types of anesthesia and/or surgery. In this case, thus, the attending provider's selection of Phenergan to combat opioid induced nausea is not, thus, an FDA-approved purpose. No medical evidence is provided to counter the unfavorable FDA recommendation. Therefore, the request is not medically necessary.

**BCKKL CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Medical Treatment Guidelines deems largely experimental topical agents and/or topical compounds such as the BCKKL cream being proposed here. Therefore, the request is not medically necessary.