

Case Number:	CM14-0084940		
Date Assigned:	08/08/2014	Date of Injury:	02/05/1998
Decision Date:	09/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 5, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated May 8, 2014, the claims administrator approved a urine drug screen, approved a request for Norco, partially certified Prilosec, partially certified Valium, partially certified six sessions of physical therapy to the lumbar spine, partially certified six sessions of physical therapy to bilateral shoulders, denied a bed, and denied a gym membership. The applicant's attorney subsequently appealed. In a September 24, 2008 medical-legal evaluation, the applicant was described as not working. The applicant had not worked since April 1998, it was noted, and had been granted "100%" permanent disability rating owing to ongoing issues with hypertension, headaches, dizziness and multifocal pain syndrome. The applicant had received extensive physical therapy in 2000, 2006, and at various other points over the course of the claim, it was acknowledged. On April 16, 2013, the applicant presented reporting persistent complaints of back pain, shoulder pain, and psychological stress. On July 30, 2013, the applicant presents to undergo spirometry and echocardiogram owing to issues with asthma and hypertension, it was stated. On January 2, 2014, the applicant presented with multifocal low back, neck, shoulder, and upper extremity pain, 9 to 10/10. The applicant reported fatigue, difficulty standing and walking long distances. Authorization was sought for a home TENS unit, raised firm bed for pain management, gym membership, and a supervised course of physical therapy. Norco, Prilosec, Valium were endorsed, along with urine drug testing. The applicant was apparently using a cane to move about. The applicant was no longer working, it was acknowledged. On February 26, 2014, the

applicant was given refills of Norco, Prilosec and Valium. It was stated that the Prilosec was being employed for GI upset purposes. The Valium was apparently being employed nightly for sleep, it was stated. There was no discussion of medication efficacy. In an earlier note dated December 3, 2013, the applicant presented to follow up on issues associated with blood pressure, asthma and reflux. Laboratory testing and blood pressure monitor were endorsed. The applicant was apparently using Pro-Air, Ativan, and Norco, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 89, 7.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitor such as Prilosec to combat issues with NSAID-induced dyspepsia, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider simply refilled Prilosec from visit to visit, with no discussion of medications efficacy. The attending provider has not established or stated whether or not ongoing usage of Prilosec has diminished or attenuated the applicant's symptoms of reflux. Therefore, the request is not medically necessary.

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge brief usage of anxiolytics such Valium may be appropriate in cases of overwhelming symptoms so as to afford an applicant with an opportunity to recoup emotional and physical recourses, in this case, however, it appears that the attending provider is employing Valium for chronic, long-term and scheduled use purposes, for insomnia. This is not an ACOEM-approved indication for Valium. Therefore, the request is not medically necessary.

Raised Firm Bed: 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) - Treatment in Workers Comp 2002 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/12): Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic of mattress or bed selection. As noted in the Third Edition ACOEM Guidelines, however, mattress and/or bed selection is a matter of individual preference. ACOEM makes no recommendations for or against usage of any optimal sleeping services, including the firm mattress/firm bed reportedly being purposed here noting that the applicant should select those mattresses and/or sleeping services, which are most comfortable to them. Therefore, the request is not medically necessary.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Exercise Recommended. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/17/12): Lumbar spine, gym memberships.

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 Guidelines in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes maintaining and adhering to exercise regimens. Thus, the gym membership being sought by the attending provider is, thus, an article of an applicant responsibility as opposed to an article of payer responsibility, per ACOEM. Therefore, the request is not medically necessary.

Physical Therapy lumbar spine #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issues reportedly present here. This recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that functional improvement is necessary at various milestones in the treatment program so as to justify

continued treatment. In this case, however, the applicant has had prior unspecified amounts of physical therapy during the course of her claim. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant is off of work. The applicant has been deemed permanently disabled. The applicant remains highly reliant and highly dependent on opioid agents, including Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request is not medically necessary.

Physical Therapy bilateral shoulders #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issues seemingly presently here. This recommendation is qualified by commentary on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that home exercises are recommended as an extension of the treatment process and on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, it has not clearly been established why the applicant cannot transition to a home exercise program over 15 years removed from the date of the injury (February 5, 1998). It is further noted that the applicant has failed to demonstrate any lasting benefit or functional improvement with earlier treatment. The applicant remains off of work. The applicant has been deemed 100% disabled, it has been suggested above. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the life of claim. Therefore, the request is not medically necessary.