

<b>Case Number:</b>	CM14-0095158		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

This is a female patient with a date of injury of November 26, 2001. A utilization review determination dated May 28, 2014 recommends non-certification of physical therapy for back and knees two times a week for eight weeks, pain management consultation, spine surgeon consultation, urine drug testing in 60 to 90 days, Omeprazole, Valium, Hydrocodone 7.5 mg and 10 mg, and Xanax. A progress note dated May 5, 2014 identifies subjective complaints of left knee burning and throbbing sensation, left knee swelling, pain in the right knee with excessive walking and standing, pain in the cervical and lumbar spine with excessive activities, numbness and tingling in the left foot, and radiating pain extending to the left foot. Physical examination identifies cervical flexion and extension at 20, palpable cervical tenderness and spasm over the paravertebral and trapezius musculature bilaterally, lumbar spine flexion and extension at 20, palpable lumbar tenderness over the paravertebral musculature with spasm, bilateral knee range of motion is 0 to 125, and bilateral knees with diffusion and palpable tenderness. Upper and lower extremity neurological examination is normal and straight leg raising test is negative in the seated and supine positions bilaterally. Diagnoses include internal derangement of bilateral knees, cervical spine musculoligamentous sprain, and lumbar spine spondylosis. The treatment plan recommends continuation of Omeprazole, Valium, Hydrocodone 7.5 mg and 10.5 mg, Xanax, authorization request for physical therapy two times per week for eight weeks for the back and knees, a new pain management consultation due to the former pain management physician has retired, request for spine surgeon consultation, and authorization requests for a future urine drug testing in 60 to 90 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Back and Knees; Two Times a Week for Eight Weeks (2x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298; 337-338, Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy; Knee & Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy for back and knees two times a week for eight weeks (2x8), Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective treatment goals expected from physical therapy. Additionally, the 16 visits currently requested exceeds the number that would be recommended as a trial by guidelines. As such, the current request for physical therapy for back and knees two times a week for eight weeks (2x8) is not medically necessary.

**Pain Management Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKERS' COMP. OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKERS' COMP- PAIN PROCEDURE SUMMARY.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127 Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

**Decision rationale:** Regarding the request for a pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no documentation indicating why a pain

management consultation is necessary. Additionally, there is no statement identifying failure of conservative treatment, and what the treatment goals are expected to be achieved by the pain management specialist. In light of the above issues, the currently requested referral for a pain management consultation is not medically necessary.

**Spine Surgical Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS' COMP- EVALUATION AND MANAGEMENT.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for a spine surgeon consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no statement indicating the medical necessity for a spine surgeon consultation, and there is no documentation stating what conservative treatment has previously been attempted. Furthermore, there is no documentation of subjective or objective "red-flag" findings. In light of the above issues, the currently requested spine surgeon consultation is not medically necessary.

**Urine Drug Testing in Sixty to Ninety (60-90) Days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKERS' COMP-PAIN PROCEDURE SUMMARY URINE DRUG TESTING (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for urine drug testing in 60-90 days, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of

drug screening at the proposed frequency. There is no statement indicating why this patient would be considered high risk for opiate misuse, abuse, or diversion. However, a urine drug screen done on January 28, 2014 had inconsistent findings, as the prescribed medication hydrocodone was not detected. This urine drug screen finding is consistent with possible aberrant behavior therefore, the currently requested urine drug testing in 60-90 days is medically necessary.

**Omeprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE-TREATMENT FOR WORKERS' COMP.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient is using an NSAID; there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.

**Valium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES FORMULARY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Valium, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Valium is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement because of the use of Valium. Finally, there is no indication that the Valium is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Valium is not medically necessary.

**Hydrocodone 7.5 mg and 10 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Hydrocodone 7.5mg and 10mg, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, a urine drug screen done on January 28, 2014 had inconsistent findings, as the prescribed medication Hydrocodone was not detected. As such, the currently requested Hydrocodone 7.5mg and 10mg is not medically necessary.

**Xanax: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES FORMULARY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Xanax, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Xanax is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement because of the use of the Xanax. Finally, there is no indication that the Xanax is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Xanax is not medically necessary.