MAXIMUS Federal Services

Case Number:	CM14-0159593		
Date Assigned:	10/03/2014	Date of Injury:	07/08/1997
Decision Date:	01/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 07/08/97. Based on the 06/04/14 progress report provided by treating physician, the patient complains of low back and left knee pain. Patient presents with antalgic gait favoring the left. Physical examination revealed tenderness to palpation to the lumbar spine, and limited range of motion especially on flexion and extension. Straight leg raise positive on the left. Examination of the left knee revealed stiffness and limited range of motion. Patient's medications include Ultracet, Protonix, Naproxen and Cyclobenzaprine. Prescriptions per progress report dated 01/08/14 included Ultram, Naproxen and Cyclobenzaprine. Patient has been authorized for Synvisc injections to the knees.Diagnosis 01/08/14- other chronic pain- localized osteoarthrosis, lower leg- pain in joint, lower leg- chondromalacia- tear med car/meniscus knee current Diagnosis 06/04/14- other chronic pain- primary localized osteoarthrosis, lower leg- localized osteoarthrosis, lower leg- pain in joint, lower leg- lumbago- unspecified neuralgia, neuritis, radiculitisThe utilization review determination being challenged is dated 09/16/14. The rational for physical therapy x 8 is ". There is no current documentation regarding the outcome of previous sessions to show functional improvement obtained or why a home exercise program could not suffice at this time." Treatment reports were provided from 01/08/14 - 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, lumbar spine x 8: Overturned

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 Page(s): 98, 99.

Decision rationale: The patient presents with low back and left knee pain. The request is for Physical Therapy Lumbar Spine X 8. Patient presents with antalgic gait favoring the left. Patient's diagnosis dated 01/08/14 included chondromalacia, and tear med car/ meniscus knee current. Diagnosis on 06/04/14 included lumbago and unspecified neuralgia, neuritis, radiculitis. Physical examination on 06/04/14 revealed tenderness to palpation to the lumbar spine, and limited range of motion especially on flexion and extension. Straight leg raise positive on the left. Prescriptions per progress report dated 01/08/14 included Ultram, Naproxen and Cyclobenzaprine. Per progress report dated 06/04/14, patient's medications include Ultracet, Protonix, Naproxen and Cyclobenzaprine. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. UR letter dated 09/16/14 states "there is no current documentation regarding the outcome of previous sessions to show functional improvement obtained or why a home exercise program could not suffice at this time." However, there is no indication the patient had physical therapy recently (more than 8 months from the UR date of 09/16/14) based on reviewed medical records. Given the patient's persistent symptoms, a short course treatment may be appropriate at this time. The request for 8 sessions appears reasonable and consistent with the guidelines. The request is medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back and left knee pain. The request is for Prilosec 20mg. Patient presents with antalgic gait favoring the left. Patient presents with antalgic gait favoring the left. Patient's diagnosis dated 01/08/14 included chondromalacia, and tear med car/ meniscus knee current. Diagnosis on 06/04/14 included lumbago and unspecified neuralgia, neuritis, radiculitis. Physical examination on 06/04/14 revealed tenderness to palpation to the lumbar spine, and limited range of motion especially on flexion and extension. Straight leg raise positive on the left. Prescriptions per progress report dated 01/08/14 included Ultram, Naproxen and Cyclobenzaprine. Per progress report dated 06/04/14, patient's medications include Ultracet, Protonix, Naproxen and Cyclobenzaprine. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65;

history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided reason for the request. Patient has been on Naproxen at least since progress report dated 01/08/14, and it appears Protonix has been initiated in latest available progress report dated 06/04/14. However, treater has not documented dyspepsia secondary to NSAID therapy, nor provided GI risk assessment for prophylactic use of PPI as required by MTUS. The request is not medically necessary.

Norflex ER 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The patient presents with low back and left knee pain. The request is for Norflex ER 100 mg. Patient presents with antalgic gait favoring the left. Patient presents with antalgic gait favoring the left. Patient's diagnosis dated 01/08/14 included chondromalacia, and tear med car/ meniscus knee current. Diagnosis on 06/04/14 included lumbago and unspecified neuralgia, neuritis, radiculitis. Physical examination on 06/04/14 revealed tenderness to palpation to the lumbar spine, and limited range of motion especially on flexion and extension. Straight leg raise positive on the left. Prescriptions per progress report dated 01/08/14 included Ultram, Naproxen and Cyclobenzaprine. Per progress report dated 06/04/14, patient's medications include Ultracet, Protonix, Naproxen and Cyclobenzaprine. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided reason for the request. Patient has been prescribed Cyclobenzaprine per progress report dated 01/08/14, which is more than 8 months from the UR date of 09/16/14. The patient has low back pain; however guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, quantity has not been specified in the request. The request is not medically necessary.

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; Medication for chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with low back and left knee pain. The request is for Naproxen Sodium 550mg. Patient presents with antalgic gait favoring the left. Patient presents with antalgic gait favoring the left. Patient's diagnosis dated 01/08/14 included chondromalacia, and tear med car/ meniscus knee current. Diagnosis on 06/04/14 included lumbago and unspecified neuralgia, neuritis, radiculitis. Physical examination on 06/04/14 revealed tenderness to palpation to the lumbar spine, and limited range of motion especially on flexion and extension. Straight leg raise positive on the left. Prescriptions per progress report dated 01/08/14 included Ultram, Naproxen and Cyclobenzaprine. Per progress report dated 06/04/14, patient's medications include Ultracet, Protonix, Naproxen and Cyclobenzaprine. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. Treater has not provided reason for the request. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naproxen. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. The request is not medically necessary.