

Case Number:	CM14-0211307		
Date Assigned:	02/04/2015	Date of Injury:	08/24/2010
Decision Date:	03/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 injured worker is a 33 year old female, who sustained an industrial injury on 8/24/10. She has reported low back and right knee pain. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis, anxiety states and other post surgical status. Treatment to date has included medications, diagnostics, injections, physical therapy, aquatic therapy and surgery. Surgeries included lumbar spine surgery 7/10/14 and status post right knee surgery. Currently, the injured worker complains of constant low back pain radiating to right lower extremity with numbness and tingling. She rates the knee pain 6/10 with anxiety rated 3/10. The pain without medications is rated 8/10. The topical creams/patches help decrease the pain, assist with being able to walk longer, increase sleep and decrease oral medications. The physical exam revealed decreased lumbar range of motion, straight leg raise and femoral stretch is positive on the right. There was tenderness along the lumbar spine with spasms. The left knee had decreased range of motion and patellar grinding was positive. Recommend to continue with Home Exercise Program (HEP) and request for the items below. Work status was temporary total disabled until 1/27/15. On 11/26/14 Utilization Review modified a request for Tramadol 150 mg. #60 and Norco 10/325 mg. #60 modified to Tramadol 150 mg. #30 and Norco 10/325 mg. #30 for weaning purposes. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited. On 11/26/14 Utilization Review non-certified a request for Cyclobenzaprine Hydrochloride 7.5 mg. #60, Terocin pain patch #20, Methoderm gel 120 gm., Calypso 0.02 cream, physical therapy - lumbar spine and right knee, twice weekly for 6 weeks, aquatic therapy regimen - lumbar spine and right knee, twice weekly for 6 weeks, Toradol/B12 injection IM to

gluteus muscle (retrospective), Transcutaneous Electrical Nerve Stimulation (TENS) unit with supplies - rental for 6 month trial, psychological evaluation for anxiety symptoms, urine drug screen (retrospective) and follow up visit to pain management, noting that regarding the Cyclobenzaprine Hydrochloride 7.5 mg this medication is not recommended to be used longer than 2-3 weeks. Regarding the Terocin pain patch, Mentherm gel 120 gm., and Calypso 0.02 cream the physician noted that topical analgesics are experimental and there was no documentation of improvement in symptoms with their use. Regarding the physical therapy - lumbar spine and right knee, twice weekly for 6 weeks, the request for 12 additional visits exceeds the guideline recommendations. Regarding the aquatic therapy regimen - lumbar spine and right knee, twice weekly for 6 weeks, the physician noted that there was no documentation of functional improvement after an initial course of aquatic therapy. Regarding the Toradol/B12 injection IM to gluteus muscle (retrospective), the physician noted that the guidelines state that it is not indicated for minor or chronic painful conditions. Regarding the Transcutaneous Electrical Nerve Stimulation (TENS) unit with supplies - rental for 6 month trial, the request for 6 month trial exceeds the guidelines. Regarding the psychological evaluation for anxiety symptoms, there was no psychological evaluation submitted so therefore, the medical necessity was not established. Regarding the urine drug screen (retrospective), the physician noted that there was no evidence of medication non compliance. Regarding the follow up visit to pain management, the physician noted that the medical necessity for ongoing follow up visits has not been established. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol.

Cyclobenzaprine Hydrochloride 7.5 mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.

Norco 10/325 mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

Terocin pain patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Terocin may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Terocin is not medically necessary.

Menthoderm gel 120 gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Menthoderm cream contains methyl salicylate which, as a non steroidal anti-inflammatory agent could be indicated for limited use, but also contains menthol which is not a recommended topical analgesic. As such, Menthoderm cream is not medically necessary and the original UR decision is upheld.

Calypxo 0.02 cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Calypxo cream contains methyl salicylate which, as a non steroidal anti-inflammatory agent could be indicated for limited use, but also contains menthol which is not a recommended topical analgesic. As such, Calypxo cream is not medically necessary and the original UR decision is upheld.

Physical therapy - lumbar spine and right knee, twice weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a

week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, The request for 6 x 2 sessions of physical therapy (12 total) exceeds the recommended guidelines for initial physical therapy and therefore is not medically necessary.

Aquatic therapy regimen - lumbar spine and right knee, twice weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is a reasonable alternative to land based therapy especially in cases where avoidance of the effects of gravity may be beneficial, as in cases of extreme obesity. Such sessions have the same requirements for fading frequency and progression to self directed exercise program as do land based therapies. The claimant has completed aquatic therapies in excess of the allowed number of sessions and therefore no further aquatic therapy is indicated. Furthermore, the medical records in this case document no intolerance of land based physical therapy. Aquatic therapy is not medically indicated and the original UR decision is upheld.

Toradol/B12 injection IM to gluteus muscle (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Pain Up To Date

Decision rationale: ACOEM 2008 guidelines describe testing for Vitamin B 12 deficiency in patients with Carpal tunnel syndrome. Accepted medical uses for Vitamin B 12 are to treat a documented deficiency of Vitamin B 12. B vitamins are not recommended in ODG for use for treatment of pain. The medical records submitted for this claimant do not describe any occupationally relevant deficiency of Vitamin B12. Therefore, the Vitamin B 12 injection is not medically necessary.

TENS unit with supplies - rental for 6 month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include : Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried(including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the request is for a 6 month trial of TENS unit which exceeds the recommendation for a one month trial of TENS unit. A six month trial of TENS unit is not medically necessary.

Psychological evaluation for anxiety symptoms: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 101-102.

Decision rationale: CA MTUS recommends psychological evaluation as an accepted and well-recognized tool in the management of chronic pain. Diagnostic evaluations should distinguish between pre-existing conditions, those aggravated by injury and those that are work related. Additionally, a psychological evaluation should determine if future treatment is needed. Psychological evaluation for anxiety symptoms is medically necessary.

Urine drug screen (retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or

increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. There is no medical indication for urine drug screen and the original UR denial is upheld.

Follow up visit to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records do not contain any initial assessment of adequacy of pain management. Given this lack of initial documentation related to the stated reason for consultation, there is no medical indication for pain management consultation.