MAXIMUS Federal Services

Case Number:	CM14-0214073		
Date Assigned:	12/31/2014	Date of Injury:	04/21/2014
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 36-year-old female with a date of injury of 04/21/2014. According to progress report dated 11/17/2014, the patient presents with constant pain in the left lower back and left buttock. She had numbness down the left leg to the foot, especially with standing. Patient rates the pain as 8/10 on a pain scale and her pain increases with prolonged sitting. Current medications include Naprosyn, omeprazole, and medications for diabetes, and high blood pressure. Examination of the lower back and extremities revealed ankle and knee reflexes are within normal limits. There is tenderness of the lumbosacral region with palpable spasms. Patient has 50% loss of range of motion of the lumbar spine.X-ray of the lumbar spine dated 11/17/2014 revealed a disk narrowing at L5-S1 with motion noted on lateral flexion/extension studies. MRI of the lumbar spine from 06/20/2014 revealed complete collapse at the L5-S1 level with a large left L5-S1 disk herniation.The listed diagnoses are: 1. Disk herniation, L5- S1 with evidence of lumbar instability. 2. Lumbar sprain. The patient is to continue modified duty. Treatment plan is for physical therapy, urine drug screen, and medications including Anaprox-DS, Fexmid, Protonix, and Menthoderm ointment. The utilization review denied the request on 12/15/2014. Treatment reports from 06/24/2014 through 11/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks: Upheld

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 Physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with constant pain in the left lower back and left buttock. The current request is for physical therapy twice a week for 6 weeks. The Utilization review states that the patient has undergone 6 treatments so far. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include the total number of treatment received to date and the objective outcome from these prior sessions. In this case the treating physician's request for 12 sessions with the 6 already received exceeds what is recommended by MTUS. Furthermore, there are no discussions provided as to why the patient is unable to transition into a self-directed home exercise program. The requested additional PT is not medically necessary.

Drug screen -- full panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 7th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing

Decision rationale: This patient presents with constant left lower back and left buttock pain. The current request is for drug screen-full panel. The utilization review denied the request stating that there is no documentation of any subjective or objective complaints consistent with potential drug abuse and the patient is currently not on any controlled medications. MTUS page 77, under opiate management: (j) "consider the use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the Pain Chapter provides clear recommendation on how frequent urine drug screen should be obtained from various risks of opiate users. ODG Guidelines recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, there is no indication of prior urine drug screens. The patient's current medication includes Anaprox, Fexmid, Protonix, and a topical ointment. ODG recommends once yearly screening for patients that are low risk for management of chronic opioid. Given the patient is not taking any opioids, the requested drug screen is not medically necessary.

Anaprox DS Naproxen sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories, Medication for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with constant left lower back and left buttock pain. The current request is for Anaprox-DS naproxen sodium 550 mg #90. Utilization review denied the request stating that "in chronic pain, it should be used at the lowest dose for shortest amount of time." For NSAID medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first-line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also supports oral NSAID for chronic low back pain. Review of the medical file indicates the patient has been utilizing Anaprox since at least 10/15/2014. Subsequent progress report dated 11/17/2014 provides no discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Anaprox is not medically necessary.

Fexmid Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: This patient presents with constant left lower back and left buttock pain. The current request is for Fexmid cyclobenzaprine 7.5 mg #60. The MTUS page 63 regarding muscle relaxants states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAID and pain and overall improvement. Efficacy appears to diminish over time, prolonged use of some medication in this class may lead to dependence". Review of the medical file indicates the patient has been utilizing orphenadrine since 09/11/2014. It is unclear why Fexmid is being prescribed at this time. In this case, the treating physician has made an initial request for Fexmid #60 and MTUS Guidelines supports the use of Fexmid for short course of therapy, not longer than 2 to 3 weeks. The requested Fexmid #60 is not medically necessary.

Protonix Pantoprazole 20mg #60: Upheld

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 Omeprazole. Page(s): 68 and 69.

Decision rationale: This patient presents with constant left lower back and left buttock pain. The current request is for Protonix pantoprazole 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long-term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.

Ultram Tramadol HCL ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76 to 78.

Decision rationale: This patient presents with constant left lower back and left buttock pain. The current request is for Ultram tramadol HCl ER 150 mg #60. Medical file provided for review provides no discussion regarding this medication. It appears to be an initial request. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities..." The requested Ultram is not medically necessary.

Menthoderm ointment 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID Page(s): 111.

Decision rationale: This patient presents with constant left lower back pain and left buttock pain. The current request is for Menthoderm ointment 120 ml. Menthoderm gel contains menthol and methyl salicylate an NSAID. The MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. This medication is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting the peripheral joints. In this case, the patient does not meet the indication for this medication as he suffers from low back

pain and left buttock pain which are not peripheral arthritis. The requested Menthoderm ointment is not medically necessary.