MAXIMUS Federal Services

Case Number:	CM14-0216823		
Date Assigned:	01/06/2015	Date of Injury:	09/19/2012
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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 & Rehabilitation

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 42 year old male sustained a work related injury on 9/19/2012. The mechanism of injury was reported to be injury from a fall, after he slipped on fiberglass. The current diagnoses are lumbar spine radiculopathy and low back pain. According to the progress report dated 8/4/2014, the injured workers chief complaints were constant, moderate-to-severe low back pain with spasms. The pain is rated 7/10 on a subjective pain scale. The pain is associated with numbness and tingling of the bilateral lower extremities. The pain is aggravated by prolonged sitting, standing, walking, and bending. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion in the lumbar spine is decreased. Straight leg raise was positive bilaterally. There was decreased sensation to pin-prick and light touch at the L4, L5, and S1 dermatomes bilaterally. Motor strength was decreased due to pain in the bilateral lower extremities. The medication list was not specified in the progress report provided. The records show that the injured worker was previously treated with chiropractic. On this date, the treating physician prescribed 12 physiotherapy and chiropractic sessions to the lumbar spine, Deprizine, and Dicopanol, which is now under review. In addition to 12 physiotherapy and chiropractic sessions to the lumbar spine, Deprizine, and Dicopanol, the treatment plan included Tabradol and Synapryn. When the above treatments were prescribed work status was permanent and stationary. On 12/1/2014, Utilization Review had non-certified a prescription for 12 physiotherapy and chiropractic sessions to the lumbar spine, Deprizine, and Dicopanol. The physiotherapy and chiropractic sessions were non-certified based on no documentation of significant pain reduction, objective functional improvement, or

medication reduction with previous treatments. The Deprizine and Dicopanol were non-certified based on being non consistent with the guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times a week for 6 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

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

Decision rationale: The patient has lumbar stiffness and has been diagnosed with lumbar disc herniation, radiculitis, and sprain. The most recent report available is dated 10/17/14 and documents exam findings of palpable tenderness without radicular symptoms. This review is for a request for physiotherapy 3x6. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states those 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 18 sessions of physiotherapy exceeds the MTUS recommendations. The request for physiotherapy 3x/week for 6 weeks for the lumbar spine IS NOT medically necessary.

Chiropractic 3 times a week for 6 weeks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient has lumbar stiffness and has been diagnosed with lumbar disc herniation, radiculitis, and sprain. The most recent report available is dated 10/17/14 and documents exam findings of palpable tenderness without radicular symptoms. This review is for a request for chiropractic care 3x6. MTUS Chronic Pain Medical Treatment Guidelines, page 58 section on Manual therapy & manipulation for Low back states: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no mention of prior chiropractic care or functional improvement. The request for 18 sessions will exceed the MTUS recommendations for a trial of 6 sessions. The request for chiropractic care 3x/week for 6 weeks for the lumbar spine IS NOT medically necessary.

Deprizine 15 mg-ml oral suspension 250ml 2 teaspoon once a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine is ranitidine (zantac, H2-receptor antagonist) mixed with other proprietary ingredients in an oral suspension. There are no medical reports provided that discusses a rationale for this medication. MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pg 68-69, discuss risk factors for GI events, but in this case, the patient is not over age 65, no documented history of peptic ulcer or GI bleed; no mention concurrent use of ASA, corticosteroids and anticoagulants; or high dose NSAID. There is no mention of dyspepsia related to NSAID use. There is not enough information provided to verify that the use of an H2 receptor antagonist such as the ranitidine in the Deprizine is in accordance with MTUS guidelines. Based on the available records, the request for Deprizine 15mg/ml oral suspension, 250mg, 2 tsp qd IS NOT medically necessary.

Dicopanol 5mg-ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Insomnia treatment

Decision rationale: The patient has lumbar stiffness and has been diagnosed with lumbar disc herniation, radiculitis, and sprain. The most recent report available is dated 10/17/14 and documents exam findings of palpable tenderness without radicular symptoms. The request is for Dicopanol. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients.MTUS does not discuss Dicopanol. ODG guidelines, Pain chapter online for Insomnia treatment states Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The provided records do not provide an evaluation of potential causes of sleep disturbance. There is no discussion of efficacy with use of diphenhydramine, and no discussion on why an oral suspension is required over the tablet form. The request for Dicopanol is not in accordance with ODG guidelines. The request for Dicopanol 5mg/ml oral suspension, at bedtime, 150ml, IS NOT medically necessary.