

Case Number:	CM14-0217348		
Date Assigned:	01/07/2015	Date of Injury:	11/13/2012
Decision Date:	03/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 60-year-old female who sustained an industrial injury on 11/13/2012. She has reported low back pain, left lower extremity pain and pain with weakness in both wrists. The diagnoses have included persistent symptomatic medial meniscus tear and chondromalacia, left knee, carpal tunnel syndrome, right and left wrists, status post open reduction and internal fixation left wrist. Past medical history includes hypertension and depression. Blood pressure readings were elevated in July and October of 2014. Treatment to date has included lumbar epidural steroid injections, carpal tunnel injections, acupuncture, chiropractic treatment, physical therapy, a request for left knee surgery, and oral and topical medications. Motrin and Ultram were noted to have been prescribed in May of 2013 and prescriptions continued for these medications during 2014. Work status is temporarily totally disabled. Currently, according to the orthopedic progress report dated 11/17/2014 the injured worker (IW) complains of left knee pain aggravated by standing, climbing and bending activities. The pain is more frequent during the day but has occasional occurrences at night. The IW also complains of bilateral wrist pain aggravated by grasping, reaching and pushing activities. Pain is more intense in the left wrist than on the right. The IW has had carpal tunnel surgery on the left wrist and has been treated for carpal tunnel on the right. The left knee shows 0-125 degrees of motion, medial and lateral patellar facet tenderness, medial joint line tenderness and positive McMurray test medially. Strength of the hamstrings is normal and the quadriceps is 4/5. The wrists show a healed incision on the left, limited range of motion with flexion and extension that is 40 degrees on the left and 30 degrees on the right. There is mild tenderness at the carpal canal and mild decreased

sensation of the thumb and index fingers of both wrists. Phalen's test is positive bilaterally. Treatment plan for the wrists include bilateral injections of the wrists and physical therapy for range of motion and strengthening. In the primary treating physician progress report (PR-2) of 11/19/2014 there are subjective complaints of low back pain radiating to the left lower extremity to the calf. Examination shows antalgic gait and guarding /stiffness with movement. It was noted that 12 physical therapy sessions had been completed, but the dates and body part treated were not specified. Treatment plans include Motrin 800 mg bid prn #60 with one refill, Ultram 50 mg bid prn #60 with one refill, and Cyclo cream 240 gram bid prn with one refill. On 12/03/2014, Utilization Review non-certified a Motrin 800mg #60 with 1 refill; California Medical Treatment Utilization Schedule (CA MTUs) was cited. On 12/03/2014 Utilization Review non-certified 12 Physical therapy sessions, 3x weeks, for the bilateral wrists; CA MTUS and Official Disability Guide-Treatment in Worker's Compensation (ODG-TWC) Carpal Tunnel Syndrome Procedure Summary were cited. On 12/03/2014 Utilization Review non-certified Ultram 50mg #60 with 1 refill citing CA MTUS. On 12/03/2014 Utilization Review non-certified Cyclo cream 240gm with 1 refill, citing CA MTUS. This decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No record of laboratory monitoring was provided. The injured worker has a history of hypertension, and recorded blood pressures in the records submitted were elevated in July and October of 2014. Motrin has been prescribed since at least May of 2013, with use continuing in 2014 per the physician progress notes, without documentation of functional improvement. Work status remains temporarily totally disabled. Due to prolonged use not in

accordance with the guidelines, continued use in spite of history of hypertension with elevated blood pressure readings, and lack of functional improvement, the request for motrin is not medically necessary.

12 Physical therapy sessions, 3x weeks, for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Carpal Tunnel Syndrome Procedure Summary

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

Decision rationale: Per the MTUS, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise program. The physical therapy requested was noted to be re-initiation of physical therapy for modalities, range of motion, and strengthening exercises for the wrists; the injured worker has a diagnosis of bilateral carpal tunnel syndrome and prior open reduction and internal fixation of the left wrist. The number of sessions requested exceeds the quantity recommended in the MTUS. The treating physician has not provided reasons why the injured worker requires a course of physical therapy, which is substantially longer than that recommended in the cited guidelines. It was noted that 12 physical therapy sessions had been completed, but the dates and body part treated were not specified; the notation by the orthopedic surgeon that the request was for re-initiation of physical therapy to the wrists suggests that some prior physical therapy for the wrists has been performed. No results or outcome of the prior physical therapy was discussed and there was no demonstration of functional improvement; work status remains temporarily totally disabled and office visits have continued at the same frequency over at least 6 months. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. Due to number of sessions in excess of the guidelines, lack of functional improvement as a result of prior physical therapy, and the expectation of transition to a home exercise program, the request for 12 physical therapy sessions to bilateral wrists is not medically necessary.

Ultram 50mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids p. 74-96 tramadol p. 93-94 Page(s): p. 74-96, 93-94.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including

increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The injured worker has also been treated for depression, but no current list of additional prescribed medications, including medications for depression, was provided. Ultram has been prescribed since at least May of 2013 and use continued through 2014. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "temporarily totally disabled", which generally represents a profound failure of treatment, and represents a complete lack of functional improvement and which fails the, return-to-work, criterion for opioids, and represents an inadequate focus on functional improvement. Due to prolonged prescribing not in accordance with the MTUS guidelines, and lack of demonstration of functional improvement, the request for ultram is not medically necessary.

Cyclo cream 240gm with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation in this case for the presence of neuropathic pain with failure of oral antidepressants and anticonvulsants. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. The specific indication for the requested topical cream was not provided, and the instructions for use and the body part to be treated were not noted. Due to the MTUS lack of recommendation for topical cyclobenzaprine, and the insufficiently specific prescription, the request for cyclo cream is not medically necessary.