

<b>Case Number:</b>	CM14-0217600		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York  
 Certification(s)/Specialty: Emergency 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:

This 44 year old woman has reported widespread pain after a contusion on 10/13/2008. Painful areas include the cervical and lumbar spine, and all extremities. Diagnoses have included disc bulges, knee strain, knee and lumbar surgery, cystocele, and carpal tunnel syndrome. Electrodiagnostic testing in 2011 of the all the extremities showed only mild bilateral carpal tunnel syndrome. Treatment has included medications, physical therapy, knee surgery, lumbar surgery, injections, and referrals to many specialists. The primary treating physician is an orthopedic surgeon who has been seeing this injured worker since 2011, and who is the source of the requests now under Independent Medical Review. The reports from the primary treating physician do not provide sufficient details to support treatment for any condition. None of the primary treating physician reports address function and work status. Per the AME in 2014, the injured worker has not worked since 2009. Records refer to physical therapy but provide no details. The PR2 dated 11/7/14 from the pain management physician was brief, mostly illegible, and seems to refer to ongoing spine pain with refills of Ultracet. There was no useful information regarding the need for any treatment and there was no work status documented. The PR2 and treatment plan of 9/10/14 is similar to that of 12/2/14 and lacks the necessary history, physical, and rationales to support the various requests. The treatment plan of 12/2/2014 listed the requests now under Independent Medical Review. The psychiatric referral was for anxiety, depression. The dentist referral was for jaw, xerostomia. The orthopedic referral was for the low back, neck. The PR2 of 12/3/14 had a check list format, with pain in the neck, low back, and legs checked. Loss of bladder control was listed. The physical exam consisted of low back tenderness and

intact sensory status of the legs. There was no history to support the various diagnoses, symptoms, and referrals. There was no discussion of any medications or need for physical medicine. On 12/15/2014, Utilization Review certified orthopedist, pain medicine, and neurology follow-up visits. Ultracet, Robaxin, and Prilosec were partially certified. Water therapy, physical therapy, a psychiatric evaluation, an ENT evaluation, a urology evaluation, and a dental evaluation were non-certified. Note was made of an ENT evaluation that was authorized on 9/19/14, with no medical report available. The MTUS and the 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:

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compres.

**Decision rationale:** 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There are no reports which mention or discuss this medication. Function and work status are not discussed. The AME states that the injured worker has not worked since 2009, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, Ultracet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

**Decision rationale:** There are no medical reports which describe the relevant signs and symptoms of possible gastrointestinal disease. Co-therapy with an NSAID is not indicated in patients other than those at high risk. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

**6 sessions of aquatic therapy (cervical, lumbar, bilateral knees):** Upheld

**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 functional restoration as goal of treatment, Aquatic therapy, Physical Medicine Page(s): 9, 22,.

**Decision rationale:** The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. The treating physician has not described any specific indications for water exercise for this patient. The prescription is not accompanied by any physician reports which adequately address function, as the PR2s do not even comment on work status and function. Functional improvement in this context implies progression of work status or equivalent functions; functional improvement is the goal of all chronic pain treatment per the MTUS. The referral for aquatic therapy is not medically necessary based on the lack of indications as specified in the MTUS.

**6 sessions of physical therapy (cervical, lumbar, bilateral knees):** Upheld

**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 Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of

pain. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from prior physical therapy. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

**Psych evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, 2nd edition, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391-402.

**Decision rationale:** The ACOEM Guidelines pages 22-33 and 391-397 discuss the evaluation of patients in general, and of patients with possible "stress-related conditions". Important history and physical findings are outlined. There is none of this sort of information in the available reports. It is not possible to determine medical necessity for a psychological referral based on the very brief information presented. As with any other specialist referral, the referring physician is expected to provide a sufficient account of signs and symptoms such that medical necessity is established. Although psychiatric conditions are often multifactorial and complex, the major factors can be outlined by a non-psychiatric physician. The referral is not medically necessary based on lack of sufficient evaluation or evidence of a psychiatric condition, and lack of any information about the results or need for ongoing care..

**ENT evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, 2nd edition, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Overview of the principles of medical consultation and perioperative medicine

**Decision rationale:** There is not enough information presented to show medical necessity for an ENT referral. There is an insufficient accounting of the relevant signs and symptoms. Medical necessity for any referral, test or treatment should be supportable from the available reports. Necessary information should include the relevant signs and symptoms, including the duration of

symptoms, other relevant medical history, aggravating and relieving factors, and circumstances of onset. A basic physical examination of the affected area should be included. In this case, this kind of information is not presented. For these reasons, the ENT referral is not medical necessary. There is no relevant guideline for this decision, as the requested service was not described in sufficient detail.

**Urology Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, 2nd edition, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Approach to women with urinary incontinence

**Decision rationale:** There is not enough information presented to show medical necessity for a urology referral. There is an insufficient accounting of the relevant signs and symptoms. Medical necessity for any referral, test or treatment should be supportable from the available reports. Necessary information should include the relevant signs and symptoms, including the duration of symptoms, other relevant medical history, aggravating and relieving factors, and circumstances of onset. A basic physical examination of the affected area should be included. In this case, this kind of information is not presented. For these reasons, the urology referral is not medical necessary. Although there was very little information presented by the treating physician, a guideline from UpToDate is cited above. This guideline discusses the approach to incontinence in women; the treating physician did not present any of the kinds of information discussed in this guideline.

**Dentist follow up visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th edition, 2007, Chapter on the hip, Office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference, Managing the Patient Presenting with Xerostomia: A Review.

**Decision rationale:** There is not enough information presented to show medical necessity for a dental referral. There is an insufficient accounting of the relevant signs and symptoms. Medical necessity for any referral, test or treatment should be supportable from the available reports. Necessary information should include the relevant signs and symptoms, including the duration of symptoms, other relevant medical history, aggravating and relieving factors, and circumstances of onset. A basic physical examination of the affected area should be included. In this case, this kind of information is not presented. For these reasons, the dental referral is not medical

necessary. Although there was very little information presented by the treating physician, a guideline from Medscape reference is cited above. This guideline discusses the approach to xerostomia; the treating physician did not present any of the kinds of information discussed in this guideline.