

Case Number:	CM15-0001772		
Date Assigned:	01/12/2015	Date of Injury:	08/22/2014
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: Colorado
 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 50 year old female, who sustained an industrial injury on 8/22/2014, after a fall. She has reported low back pain with radiation to the legs, neck, and hips. The diagnoses have included myofascial syndrome including low back and cervical region, right knee pain, poor understanding of underlying condition, and fear based avoidance of activity. Treatment to date has included conservative measures. The surgical consultation progress note, dated 10/20/2014, noted no focal discernable anatomic significant injury. Physical therapy notes were submitted. The number of completed physical therapy, land based or pool based, or specific treatment outcomes were not described. A progress note, dated 11/14/2014, noted an evaluation due to intolerance of physical therapy and shortness of breath. The chest x-ray "looks good" and pulse oximetry was within normal limits. A progress note, dated 11/26/2014, noted that the injured worker described physical therapy as worsening her condition. She previously had physical therapy but stopped because of increased pain and was later put into pool therapy. She reported pain to bilateral shoulders, neck, low back, bilateral posterior legs, and bilateral feet and groin. She was overly anxious with pressured speech and moved in a fidgety manner. She reported current pain level as 4/10, best 1/10, and worst 8/10. Current medications included Omeprazole daily, Rantidine daily, Naproxen twice daily, Tylenol #3 as needed, Tylenol 500mg as needed, Ibuprofen 600mg, unspecified medication for nausea, Xanax 2-3 days per week, and Voltaren cream. Physical exam noted the right knee as having full range of motion and was stable. She had poor understanding of her condition, which caused increased anxiety. Progression from land based physical therapy to pool based physical therapy was recommended

because of ongoing pain. Medication refills were requested. On 12/12/2014, Utilization Review (UR) non-certified a prescription for Naproxen 500mg #60 with 2 refills, noting the lack of compliance with MTUS Guidelines. The UR also modified a request for initial physical therapy for the right knee, unspecified frequency, from 12 visits to 4 visits of unspecified frequency right knee and 8 sessions of unspecified frequency right knee, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 68.

Decision rationale: Per the Guidelines, Non-steroidal anti-inflammatory drugs are considered first-line therapy for short-term, symptomatic relief of low back pain, and recent clinical trials support the use in chronic low back as an effective measure. However, a Cochrane review of the literature indicates non-steroidal anti-inflammatory drugs are no more effective than Acetaminophen, opioids, or muscle relaxers in treatment of low back pain. The non-steroidal anti-inflammatory drugs, though, do have more documented side effects and adverse events than Acetaminophen and fewer side effects than opioids and muscle relaxers. There is insufficient evidence to recommend one non-steroidal anti-inflammatory drug over another. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long term management of neuropathic pain. Per the Guidelines, no consistent, quality evidence exists to support the use of Non-steroidal anti-inflammatory drugs in neuropathic pain, but some evidence suggests they may be useful in breakthrough pain, or combination pain syndromes (nociceptive pain with neuropathic pain). For the patient of concern, the records do not indicate consistent improvement in pain with the Naproxen, and she has been taking, at least off and on x 3 months. The 11/26/2014 clinic note indicates that patient developed a "hole" in the stomach with Ibuprofen and shortness of breath with Naproxen, yet both are listed as active medications at that visit. As there is no quality evidence to support long term use of non-steroidal anti-inflammatory drugs, and as patient has had what appears to be adverse reactions to Ibuprofen and Naproxen, and as there is no indication to take 2 non-steroidal anti-inflammatory drugs at the same time, the Naproxen with refills is not medically indicated.

Initial physical therapy, unspecified frequency, right knee Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: 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 Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, the exact diagnosis with regard to the knee pain is not specified. Furthermore, the record indicates on more than one occasion that patient has been unable to tolerate the pain made worse by Physical Therapy, and so has opted for pool therapy which has been somewhat helpful. Patient has participated in other land based physical therapy, though not clear how many sessions, and had no effect or worsening of symptoms, per the records. The most recent note regarding therapy, 11/26/2014 clinic visit, indicates pool therapy will be requested for the knee, not standard physical therapy. The 12 sessions requested exceeds the number of sessions recommended except for CRPS which is not documented as a patient diagnosis for the knee. Without evidence of any improvement after previous sessions of physical therapy, or definite diagnosis to guide physical therapy sessions needed, the request for 12 sessions of physical therapy for the knee is not medically indicated.

Refill of Naproxen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 68.

Decision rationale: Per the Guidelines, Non-steroidal anti-inflammatory drugs are considered first-line therapy for short-term, symptomatic relief of low back pain, and recent clinical trials support the use in chronic low back as an effective measure. However, a Cochrane review of the literature indicates non-steroidal anti-inflammatory drugs are no more effective than Acetaminophen, opioids, or muscle relaxers in treatment of low back pain. The non-steroidal anti-inflammatory drugs, though, do have more documented side effects and adverse events than Acetaminophen and fewer side effects than opioids and muscle relaxers. There is insufficient evidence to recommend one non-steroidal anti-inflammatory drug over another. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long term management of neuropathic pain. Per the Guidelines, no consistent, quality evidence exists to support the use of Non-steroidal anti-inflammatory drugs in neuropathic pain, but some evidence suggests they may be useful in breakthrough pain,

or combination pain syndromes (nociceptive pain with neuropathic pain). For the patient of concern, the records do not indicate consistent improvement in pain with the Naproxen, and she has been taking, at least off and on x 3 months. The 11/26/2014 clinic note indicates that patient developed a "hole" in the stomach with Ibuprofen and shortness of breath with Naproxen, yet both are listed as active medications at that visit. As there is no quality evidence to support long term use of non-steroidal anti-inflammatory drugs, and as patient has had what appears to be adverse reactions to Ibuprofen and Naproxen, and as there is no indication to take 2 non-steroidal anti-inflammatory drugs at the same time, the Naproxen refill is not medically indicated.

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