

Case Number:	CM15-0003283		
Date Assigned:	01/14/2015	Date of Injury:	02/12/2014
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female who sustained an industrial injury on 02/12/2014. Diagnoses include minor degenerative changes of the lumbar spine, small protrusion of L3-4, central canal stenosis, annular fissure L3-4, and rule out bilateral median neuropathy. Treatment to date has included aqua therapy, medications, and Transcutaneous Electrical Nerve Stimulation. A physician progress note dated 12/03/2014 documents the injured worker complains of pain rated 6 out of 10 in the low back with right greater than left lower extremity symptoms, pain in the right and left wrist/hand is rated 6 out 10. There is tenderness in the lumbar spine and range of motion is limited due to pain. She has a positive straight leg raise on the right and positive straight leg raise on the left for pain to foot at 45 degrees. Treatment requested is for acupuncture 2 x 4 to bilateral wrist and hands, Cyclobenzaprine 7.5 mg # 90, Date of Service 11/03/2014, Pantoprazole 20mg, # 90, Date of Service 11/02/2014, Naproxen Sodium 550mg, # 90, Date of Service 11/03/2014, Tramadol 150mg, # 60, Date of Service 11/03/2014. On 12/10/2014 Utilization Review modified the request for Acupuncture 2x 4 to bilateral wrists and hands, to Acupuncture 3 sessions, citing California Medical Treatment Utilization Schedule (MTUS)-Acupuncture Medical Treatment Guidelines. Cyclobenzaprine 7.5mg, # 90, was non-certified citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Treatment Guidelines. Regarding Pantoprazole 20mg, # 90, Date of Service 11/03/2014, Utilization Review non-certified the request, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Utilization Review non certified the request for Naproxen sodium 550mg, # 90, Date of Service

11/03/2014, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Utilization Review non-certified the request for Tramadol 150mg, # 60, Date of Service 11/03/2014, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. 12/24/14 medical report identifies pain 5-6/10 and headaches. ADLs are said to be maintained with medication, including grocery shopping, household duties, bathing, grooming, preparation of food, and cooking. Tramadol ER has enabled discontinuation of the IR opioid without side effects. Pain is diminished by up to 7 points with improved ROM, greater tolerance to activity, and adherence to exercise regime. NSAID facilitates 2-3 point drop in pain with greater ROM. There is GI upset with NSAID without PPI and with PPI at qd and bid dosing, but not at tid dosing. Spasm was refractory to other methods of treatment prior to cyclobenzaprine. On exam, there is lumbar spine tenderness with limited ROM, positive SLR bilaterally, and positive Tinel's/Phalen's bilaterally. The report later notes that the pain relief from tramadol ER is 5 points. Toxicology screen was said to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 to bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of 3 to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has chronic pain and a trial of acupuncture appears appropriate; however, the current request for a visit exceeds the 3-6 visit trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Retrospective request for Tramadol ER 150 mg #60 with a dos of 11/3/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 78, 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is now indication that the medication is improving the patient's function and pain, no intolerable side effects, and no evidence of aberrant use with a recent consistent urine drug screen. In light of the above, the currently requested tramadol ER is medically necessary.

Retrospective request for Naproxen Sodium 550 mg #90 with a dos of 11/3/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is now indication that the medication is providing any specific analgesic benefits and objective functional improvement. In light of the above, the currently requested naproxen is medically necessary.

Retrospective request for Pantoprazole 20 mg #90 with a dos of 11/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for pantoprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is a history of dyspepsia secondary to NSAID use, but there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5 mg #90 with a dos of 11/3/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this sedating muscle relaxant is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.