MAXIMUS Federal Services

Case Number:	CM15-0013386		
Date Assigned:	02/02/2015	Date of Injury:	06/09/2009
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 9, 2009.In a Utilization Review Report dated December 24, 2014, the claims administrator approved a follow-up visit and approved/conditionally approved request for Motrin while denying request for acupuncture, urine toxicology screen, an epidural steroid injection, Norco, Prilosec, topical compound, a cane, and Flexeril. The claims administrator referenced a progress note and RFA form of December 15, 2014 in its determination. The claims administrator did suggest that the applicant had returned to modified duty work as of December 15, 2014. The claims administrator also referenced a June 24, 2014 lumbar MRI demonstrating encroachment and/or impingement upon the left L5 nerve root. The claims administrator contended that the applicant did not have clear evidence of radiculopathy at the level in question. The claims administrator also contended that the attending provider failed to outline evidence of meaningful or material improvements in function effected as a result of earlier acupuncture. The claims administrator did not, however, clearly state whether the applicant had or had not had prior acupuncture, just as the claims administrator did not clearly state whether the applicant had or had not had a prior epidural steroid injection. The applicant's attorney subsequently appealed.On October 27, 2014, lumbar epidural steroid injection therapy, Prilosec, Motrin, Flexeril, a cane, urine drug testing, and a 10-pound lifting limitation were endorsed. Ongoing complaints of low back pain radiating into the leg were evident. It was not clearly stated whether the applicant was or was not working with limitations in place. On June 9, 2014, the applicant did report ongoing complaints of low

back pain radiating into the bilateral legs. The applicant was using naproxen and Prilosec as of this point in time. Lumbar MRI imaging and electrodiagnostic testing were endorsed, along with a 10-pound lifting limitation. It was suggested (in one section of the note) that the applicant was working with limitations in place. The remainder of the file was surveyed. It did not appear that the December 15, 2014 progress note and/or associated RFA form were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here.While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture treatments can be employed for a wide variety of purposes, including for chronic pain purpose, to reduce pain, to reduce inflammation, to promote anxiety, etc., in this case, however, it was not clearly stated for what purpose the acupuncture at issue was sought. The December 15, 2014 progress note on which the acupuncture in question was proposed was not seemingly incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. The information which was on file did not, furthermore, identify whether the applicant had or had not had prior acupuncture. Therefore, the request was not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26. Decision based on Non-MTUS Citation Chronic Pain

Decision rationale: Similarly, the proposed urine drug toxicology screen (AKA urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here.While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing

testing, should identify when an applicant was last tested, and should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated. Here, however, the attending provider did not identify when the applicant was last tested. It was not clearly stated which drug tests and/or drug panels the attending provider was testing for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing, nor did the attending provider signal his intention to conform to the best practices of the United States Department of Transportation. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Left L5-S1 Lumbar spine epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: The request for a left L5-S1 epidural steroid injection was medically necessary, medically appropriate, and indicated here.As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the claims administrator did reference a lumbar MRI imaging of June 2014 which did demonstrate impingement upon the L5 nerve roots. The applicant was having ongoing complaints of radiculopathy evident on an October 27, 2014 progress note on which the epidural steroid injection was endorsed. There was no mention of the applicant's having had prior epidural steroid injection therapy, based on the documentation on file. Moving forward with an epidural steroid injection was, thus, indicated, despite the fact that the December 15, 2014 progress note and associated RFA form on which the article in question was proposed was not incorporated into the Independent Medical Review packet. Therefore, the request was medically necessary.

Norco 10/325mg, two (2) times per day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here.As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. Here, the information on file did suggest that the request for Norco represented a first-time request for the same. The applicant was apparently not using Norco on office visits of June 9, 2014 and October 27, 2014. While the December 15, 2014 progress note on which Norco was endorsed was not incorporated into the Independent Medical

Review packet, all evidence on file points to said request for Norco representing a first-time request for Norco. Introduction of Norco was indicated, given the applicant's continued complaints of chronic low back pain radiating into the bilateral lower extremities, in light of what appeared to be the applicant's incomplete response to usage of Motrin. Therefore, the request was medically necessary.

Motrin 800mg every day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Motrin, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the admittedly limited information on file, which did not include the December 15, 2014 progress note on which Motrin was renewed, did seemingly suggest that the applicant was deriving appropriate analgesia from ongoing ibuprofen usage as evinced by the applicant's return to and maintenance of full-time work status with her pre-injury employer. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Prilosec 20mg, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: Conversely, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here.While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for Prilosec was not medically necessary.

Gaba/Flur compound cream: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

Decision rationale: The gabapentin-flurbiprofen topical compounded cream was not medically necessary, medically appropriate, or indicated here.As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines.
Therefore, the request was not medically necessary.

Flexeril 10mg #15, every night at bedtime: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here.As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Motrin, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.

Cane for the right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking aids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that canes, walkers, and/or manual wheelchairs can be employed to ameliorate functional mobility deficits, in this case, however, the applicant's gait and/or ambulatory status were not clearly described or characterized on various office visits, referenced above, including on an October 27, 2014 office visit on which the applicant was asked to use a cane. Usage of a cane was, thus, not indicated as the attending provider did not clearly describe, detail, or characterize the extent of the applicant's functional mobility deficits (if any). Therefore, the request was not medically necessary.