

Case Number:	CM15-0113738		
Date Assigned:	06/22/2015	Date of Injury:	07/25/2013
Decision Date:	10/06/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 injured worker is a 33-year-old female, who sustained an industrial injury on 07/25/2013. She reported injuries after a motor vehicle accident and was diagnosed with neck sprain/strain, thoracic sprain/strain, and right forearm burn. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having discogenic cervical condition with facet inflammation and headaches and discogenic lumbar condition with facet inflammation and bilateral radiculopathy. Treatment and diagnostics to date has included injections, lumbar spine MRI that showed bulging disc and neural foraminal narrowing, chiropractic treatment with some relief, and medications. In a progress note dated 05/04/2015, the injured worker presented with neck and low back complaints. Objective findings include cervical tenderness and discomfort is noted with extension of the lumbar spine. The treating physician reported requesting authorization for cervical traction, laboratory testing, psychiatric consultation, Naproxen, Aciphex, Nalfon, Neurontin, Effexor, Trazodone, and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cervical Traction with air bladder, stimulator conductive garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back, Traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

Decision rationale: The Official Disability Guidelines recommend home cervical patient-controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy; however, the device ordered is not the type specified by the ODG for home use. DME Cervical Traction with air bladder, stimulator conductive garment is not medically necessary.

Labs: CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Labs: CBC is not medically necessary.

Labs: CMP: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. There is no documentation of the intended indication for the lab. There is no documentation of how the results may change the treatment plan. Labs: CMP is not medically necessary

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urinalysis is not medically necessary.

Psychiatry Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Psychiatry Consultation is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 67 and 68.

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naproxen 550mg #60 is not medically necessary.

Generic Aciphex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 70 and 73.

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

Decision rationale: Aciphex is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Generic Aciphex 20mg #30 is not medically necessary.

Nalfon 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, specific drug list Page(s): 71.

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Nalfon 100mg #60 is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600mg #90 is not medically necessary.

Effexor XR 75mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Venlafaxine (Effexor).

Decision rationale: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Effexor XR 75mg #60 is not medically necessary.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the current recommendations by the ODG. Trazodone 50mg #60 is not medically necessary.

Ultracet 37.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultracet is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultracet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Ultracet 37.5 #60 is not medically necessary.