

Case Number:	CM15-0117251		
Date Assigned:	07/01/2015	Date of Injury:	11/10/2014
Decision Date:	11/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York, California
 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:

The injured worker is a 42 year old male, who sustained an industrial injury on 11-10-14. The injured worker has complaints of lumbar spine pain. The documentation noted on 3-6-15 the injured worker's pain is made worse with lying down, after which point he notes significant difficulty getting back up. The noted stiffness of the entire low back region with prolonged sitting and this too, results in difficulty getting pack up. The pain occasionally involves radicular pain into the lower extremities down the back of the thighs, into the back of the calves. There is tenderness to palpation of the bilateral S1 (sacroiliac) joints and lumbar paravertebral muscles. There is tenderness to palpation of the anterior talofibular ligament and lateral ankle and muscle spasms of the calf and distal leg. There is tenderness to palpation of the anterior talofibular ligament and lateral ankle and muscle spasm of the calf and distal leg. Magnetic resonance imaging (MRI) of the lumbar spine on 3-19-15 showed disc desiccation at L3-L4 down to L5-S1 (sacroiliac); straightening of the lumbar lordotic curvature and restricted range of motion of flexion and extension. The diagnoses have included lumbar sprain and strain; left hand tenosynovitis; right ankle sprain and strain and left ankle sprain and strain. Treatment to date has included extracorporeal shockwave procedure report; physical therapy; manipulating therapy; acupuncture and injections. Chiropractic 2 times a week for 4 weeks was non-certified for not being medically necessary or appropriate. The request for naproxen 500mg #60 was non-certified for not being medically necessary or appropriate. The request for omeprazole 20mg #60 was non-certified for not being medically necessary or appropriate. The request for cyclobenzaprine 7.5mg #60 was modified to cyclobenzaprine 20mg quantity 54. The request for

keto ointment 120 grams was non-certified for not being medically necessary or appropriate. The request for FCMC ointment 120 grams was non-certified for not being medically necessary or appropriate and the request for muscle stimulation unit-transcutaneous electrical nerve stimulation (MSU-transcutaneous electrical nerve stimulation unit) for home use rental for three months was modified for home use rental for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records suggest the IW has had ongoing chiropractic treatments, as there are several notes from a provider with chiropractic credentials on the letterhead. However, there are no treatment notes, number of sessions attended or discussion of outcomes related to these treatments. CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. It is unclear from documentation, what body part the chiropractor care is intended to treat. Guidelines recommend a trial of 6 visits over 2 weeks with evidence of functional improvements. There is not a recommendation for maintenance treatments. The request for 8 visits exceeds this recommendation. The request for 2x4 chiropractic treatment is not medically necessary.

Naproxen 500 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. It is unclear from the documentation how low the IW has been using Naproxyn, although it is a minimum of 3 months. The documentation does not support any changes in symptoms or pain improvement of symptoms with NSAIDs currently prescribed. Additionally, the request does include frequency and dosing of this medication. The request is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Omeprazole is not medically necessary based on the MTUS.

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Keto ointment 120 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS guidelines for topical analgesic agents are referenced above. According to these guidelines, Ketoprofen is not currently FDA approved for topical application. This medication is known to have high incidence of photo-contact dermatitis. Additionally, the request does not include dosing, frequency, or intended site of application. As this medication is not supported by the guidelines or FDA approved, the request is not medically necessary.

FCMC ointment 120 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The current requisite is for FCMC ointment. It is unclear from the documentation what the ingredients are for this product. There is no commercially recognized ointment titled FCMC through different medical references. Without knowing the components of this product, it cannot be reviewed in light of the guidelines. Additionally, the request does not include dosing, frequency, or intended site of application. Without this information, the request is not medically necessary.

Muscle stimulation unit/transcutaneous electrical nerve stimulation (MSU/TENS) for home use rental for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Activity, Special Studies.

Decision rationale: The CA MTUS ACOEM guidelines recommend against the use of TENS units for the management of low back complaints. Additionally, the chronic pain management guidelines recommend against this therapy as a primary treatment, but support a one-month home based trial. The documentation does not discuss if the IW has previously trialed this unit. The current request is for a 3-month trial. As this exceeds the recommend time period, the request for a home TENS unit rental is not medically necessary.