

Case Number:	CM15-0119368		
Date Assigned:	06/29/2015	Date of Injury:	06/01/2009
Decision Date:	09/01/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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
 Certification(s)/Specialty: Internal 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:

This 70 year old male sustained an industrial injury on 6/01/09. He subsequently reported back pain. Diagnoses include lumbar radiculitis and lumbar sprain and strain. The injured worker continues to experience low back pain with radiation to the feet with numbness and tingling, shortness of breath with a persistent cough and clear phlegm. Upon examination, there is a moderate limp due to low back pain. Lumbar spine range of motion was reduced. There was tenderness to palpation of the bilateral sacroiliac joints, L3-L5 spinous processes, L5-S1 spinous processes, lumbar paravertebral muscles and spinous processes. There was muscle spasm of the lumbar paravertebral muscles. Straight leg raise was positive. A request for CT (computed tomography) Scan of the Lungs, Toxicology Evaluation and Treatment, Chiropractic treatment 2 times wkly for 4 wks, 8 sessions, TENS (transcutaneous electrical nerve stimulation) unit, purchase, X-ray of Lumbar Spine, MRI (magnetic resonance imaging) Lumbar Spine, Naproxen, Omeprazole, Cyclobenzaprine, KETO ointment and FCMC ointment was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Scan of the Lungs: 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), Pulmonary chapter, Online version, CT (Computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/evaluation-of-subacute-and-chronic-cough-in-adults>.

Decision rationale: Documentation indicates that the injured worker is diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and complains of chronic cough and shortness of breath. Per guidelines, a chest radiograph should be considered as part of the initial evaluation of chronic cough, especially if upper airway cough syndrome, asthma, or gastroesophageal reflux disease, are not considered clinically likely. Physician report at the time of the requested service fails to show result of prior plain radiograph, to establish the medical necessity for a CT scan. The request for CT (computed tomography) Scan of the Lungs is not medically necessary per guidelines.

Chiropractic treatment 2 times wkly for 4 wks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS recommends a trial of 6 Chiropractic visits over 2 weeks for initial treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. Documentation reveals that the injured worker's low back pain is chronic and ongoing, with no objective functional improvement with treatment to date. There is lack of evidence regarding prior manual therapy or specific clinical outcome of the treatment. Physician report at the time of the requested service under review fails to show acute exacerbation of symptoms and there is indication that review of prior medical records was pending. Per MTUS, Chiropractic treatment 2 times wkly for 4 wks, 8 sessions is not medically necessary.

Toxicology Evaluation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Referrals, pg 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Physician report at the time of the requested service indicates that the injured worker is diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and is being evaluated for complains of chronic cough and shortness of breath. There is no evidence of acute exacerbation of symptoms. Until further diagnostic evaluation and management, the medical necessity for Toxicology Consult for the cough and shortness of breath has not been established. The request for Toxicology Evaluation and Treatment is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. Documentation provided does not indicate a specific functional program or details regarding previous trial period of TENS unit to support purchasing a unit. The request for TENS (transcutaneous electrical nerve stimulation) unit, purchase is not medically necessary by MTUS.

Xray of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be

warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms of low back pain to support the medical necessity for X-rays. The request for X-ray of Lumbar Spine is not medically necessary per MTUS.

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms of low back pain to support the medical necessity for additional imaging. The request for MRI (magnetic resonance imaging) Lumbar Spine is not medically necessary per MTUS.

Naproxen 500 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 63-64, 67-69, 73 and 111-112.

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

Decision rationale: Per MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker complains of chronic low back pain. Documentation provided for review indicates that the injured worker is diagnosed with Atrial Fibrillation, treated with a blood thinner (Eliquis). The recommendation for NSAIDs in this clinical scenario would

pose increased risk of bleeding. The request for Naproxen 500 mg #60 is not medically necessary per guidelines.

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity for the use of Omeprazole. The request for Omeprazole 20 mg #60 is not medically necessary per MTUS guidelines.

Cyclobenzaprine 7.5 mg #60: 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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation indicates the injured worker complains of chronic radicular low back pain, with objective findings of lumbar paravertebral muscle spasm at the time of the requested service. The recommendation for the use of Cyclobenzaprine as needed for muscle spasm is appropriate for short term use. The request for Cyclobenzaprine is medically necessary per MTUS guidelines.

KETO ointment 120 gm: 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): 111.

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Topical NSAIDs have not been evaluated for treatment of the spine, hip or shoulder. There are no long-term studies of their effectiveness or safety. Per MTUS, Ketoprofen is not recommended and is not currently FDA approved for a topical application. The request for topical compound Ketoprofen 20% cream, 165gm is therefore not medically necessary.

FCMC Ointment 120 gm: 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): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol or Camphor. Per guidelines, any compounded product such as FCMC (containing Flurbiprofen, Capsaicin, Menthol and Camphor) that contains at least one drug (or drug class) that is not recommended is not recommended. The request for FCMC Ointment 120 gm is not medically necessary by MTUS.