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| Case Number: | CM15-0125396 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 05/27/2015 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/13/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: 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 40 year old male, who sustained an industrial injury on May 27, 2015. He reported neck, back, bilateral shoulder, arms and wrists pain, right knee pain, headaches, eye problems and difficulty sleeping. The injured worker was diagnosed as having head pain, blurred vision in bilateral eyes, cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, lumbar spine myofascial pain syndrome, right shoulder strain/sprain, right shoulder tendinosis, rule out right shoulder impingement syndrome, rule out right shoulder rotator cuff tear, right elbow strain/sprain, right elbow medial epicondylitis, bilateral wrist sprain/strain, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, right knee sprain/strain, depression and sleep disorders. Treatment to date has included physical therapy evaluation, medications and activity restrictions. Currently, the injured worker complains of headaches, bilateral eye complaints, neck pain, back pain, bilateral shoulder pain, bilateral arm pain, bilateral elbow pain, bilateral wrist pain and right knee pain with associated sleeping difficulties. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. The last day of employment was May 27, 2015, when the cumulative pain from regular job duties became severe. He then took a 3 day leave of absence and has been unable to return to work. Evaluation on June 5, 2015, revealed continued pain as noted with associated symptoms including the noted eye problems aching, itching, dryness and blurred vision. Fexamid 7.5mg #90 with one refill, Mobic 15mg #30 with one refill, Physical therapy x 12 for the cervical spine, lumbar spine, thoracic spine,

bilateral shoulders, right knee, right hand, right wrist, TENS education web classes, TENS unit, Tramadol 50mg #60 with one refill, a urinary drug screen and x-rays of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, right hand and right wrist were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63-66.

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine (Fexmid) is a second line treatment secondary to high risk of adverse events. Fexmid is recommended for short-term use and to treat acute exacerbations or flare-ups. Although the injured worker was in the acute phase of the injury, there was no indication of a failed first line agent. In addition the physician did not indicate a dose on the physician's first report with the request. Fexmid 7.5mg #90 with one refill is not medically necessary.

Tramadol 50mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. The injured worker was in the acute phase of the injury and related pain however had not failed trials of a first-line analgesic. In addition the physician did not specify the dose. For these reasons, the request for Tramadol 50mg #60 x1 refill is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: Per California (CA) MTUS Chronic Pain Treatment Guidelines, TENS units are recommended for individuals with chronic pain lasting more than three months after appropriate treatment options have been tried and failed. The CA MTUS Guidelines also recommends ongoing objective documentation of functional improvements to continue the use of an optional treatment modality. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The CA MTUS recommends a one month trial period to determine effectiveness of the treatment. There was no evidence in the documentation provided supporting the injured worker had trailed the TENS unit for a one month trial period or failed other appropriate first line therapies. For these reasons, he request for a TENS unit is not medically necessary.

Physical therapy x 12 for the cervical spine, lumbar spine, thoracic spine, bilateral shoulders, right knee, right hand, right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

Decision rationale: According to the California (CA) MTUS Guidelines six physical therapy visits over two weeks with noted objective functional improvement is recommended. There was no indication of previous physical therapy. The CA MTUS recommends the injured worker to complete up to 6 trial visits with objective improvements noted before continuing with additional physical therapy visits. Physical therapy x 12 for the cervical spine, lumbar spine, thoracic spine, bilateral shoulders, right knee, right hand, right wrist is not medically necessary.

X-ray of the cervical spine, thoracic spine, lumbar spine, bilateral shoulder, right hand, right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 207, 268-269, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 207, 268-269, 303.

Decision rationale: According to the MTUS ACOEM Guidelines, x-ray studies should not be recommended in individuals in the absence of red flags for a serious pathology X-ray studies may be recommended with physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or to clarify anatomy prior to an invasive procedure. According to the documentation, there were no red flags noted on evaluation. In addition the injured worker was in the acute phase of the injury and had not failed conservative therapy. For these reasons, X-ray of the cervical spine, thoracic spine,

lumbar spine, bilateral shoulder, right hand, right wrist is not medically necessary.

Mobic 15mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 61, 67-73.

Decision rationale: According to the California (CA) MTUS Guidelines, Mobic is a non-steroidal anti-inflammatory (NSAID) used as an option for short-term symptomatic relief. The CA MTUS recommends the use NSAIDS at the lowest dose possible for the shortest period of time to achieve effectiveness for the individual. The MTUS also recommends a failed trial of a first-line analgesic before prescribing Mobic. There was no documentation supporting a failed trial of a first line analgesic. The physician did not indicate a dose for the medication. In addition a refill would not be inappropriate before the trial phase was completed with noted improvement in pain and function. Furthermore a refill indicated the intention of long term use of the medication. For these reasons, Mobic 15mg #30 x 1 refill is not medically necessary.

TENS education web classes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: Per California (CA) MTUS Chronic Pain Treatment Guidelines, TENS units are recommended for individuals with chronic pain lasting more than three months after appropriate treatment options have been tried and failed. The CA MTUS Guidelines also recommends ongoing objective documentation of functional improvements to continue the use of an optional treatment modality. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The CA MTUS recommends a one month trial period to determine effectiveness of the treatment. There was no evidence in the documentation provided supporting the injured worker had trailed the TENS unit for a one month trial period or failed other appropriate first line therapies. For these reasons, the request for a TENS unit is not medically necessary therefore, the request for TENS education web classes are not medically necessary.

Urine drug screen: Upheld

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

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

Decision rationale: According to the California (CA) MTUS Guidelines, drug testing is recommended as an option to assess for the presence of illicit drugs, may be required during opioid therapy and can be used to determine compliancy with the prescribed medication regiment in patients with noted aberrant behaviors. The injured worker was in the acute phase of the injury and was not noted to be on previous opioid therapy. In addition, there was no noted suspicion of illicit drug abuse or noncompliance. The request for a urinary drug screen is not medically necessary.