

Case Number:	CM15-0148381		
Date Assigned:	08/12/2015	Date of Injury:	01/07/2005
Decision Date:	10/13/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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 52-year-old female, who sustained an industrial injury on January 7, 2005. She reported an intense, sharp pressure in her low back. Treatment to date has included x-rays, MRI, CT scan, physical therapy, medications, lumbar epidural injections, activity modifications, exercising, rest, heat and cold therapy, toxicology screens and chiropractic care. Currently, the injured worker complains of sharp low back pain that radiates down both of her legs that is described as jolts of pain and is rated at 7.5 on 10 with medication and 9 on 10 without medication. The injured worker is currently diagnosed with lumbar radiculopathy, chronic pain syndrome, myofascial syndrome and neuropathic pain. She is currently working part time. A note dated February 4, 2015, states the injured worker experienced temporary pain relief from the epidural injections and physical therapy. The note also states, the injured worker experiences temporary relief from medication, walking, laying on ice packs and hot showers. A note dated June 22, 2015 states the injured worker experienced pain relief from her last Toradol injection. A progress note dated June 26, 2015 states, the injured worker did not experience efficacy from chiropractic care. The following, Toradol 60 mg intramuscular injection for the lumbar spine (for pain relief), Matrix treatment for 15 minutes to the lumbar spine (to reduce pain and inflammation), physical therapy 2x per week for 6 weeks (pain relief and improved range of motion), trigger point injections for the lumbar spine x3 (for pain relief), Prilosec 20 mg #30 (to protect the stomach), Lyrica 100 mg #60 (for pain relief), Hydrocodone 7.5-325 mg #60 (for pain relief), Percura #120 (for neuropathic pain), Sentra PM #60 (to assist with sleep), and urine toxicology screen (to monitor for medication compliance and asses for other drug use) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The use of Toradol is recommended as an alternative to opioid therapy. The patient is currently taking opioids for pain control. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Toradol 60mg IM injection for the lumbar spine is not medically necessary.

Matrix treatment for 15 minutes, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://healthcenteredchiropractic.com/services-techniques/matrix-therapy.html>.

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

Decision rationale: According to the manufacturer, the Matrix machine produces and delivers electronic signals that heal the nerves without invasive maneuvers at the cellular level. The device feels similar to simple TENS units, but the manufacturer claims that the device is much more complex and sophisticated in operation and carries the possibility of long lasting benefit. There is no peer-reviewed Guidelines specifically addressing this TENS-like device. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Matrix treatment for 15 minutes, lumbar spine is not medically necessary.

Physical therapy two times a week for six weeks for the lumbar spine, Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number

of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy two times a week for six weeks for the lumbar spine, Quantity: 12 is not medically necessary.

Trigger point injections for the lumbar spine times three, Quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Trigger point injections for the lumbar spine times three, Quantity: 3 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA (Prilosec).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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 of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Prilosec 20mg #30 is not medically necessary.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, post herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 100mg #60 is not medically necessary.

Hydrocodone 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months.

Hydrocodone 7.5/325mg #60 is not medically necessary.

Percura #120: 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) Pain Chapter, Medical Foods; FDA Medical Foods.

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), Medical food.

Decision rationale: Percura is a medical food composed of a proprietary blend of amino acids. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Percura #120 is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Medical Foods: FDA Medical Foods; online resources: PubMed and National Guideline Clearinghouse.

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), Medical food.

Decision rationale: Sentra PM is a medical food composed of a proprietary blend of amino acids. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Sentra PM #60 is not medically necessary.

Toxicology-Urine drug screen, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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. Toxicology-Urine drug screen, lumbar spine is not medically necessary.