

Case Number:	CM15-0149677		
Date Assigned:	08/13/2015	Date of Injury:	01/12/2015
Decision Date:	10/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/03/2015

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 60 year old female who sustained an industrial injury on 01-12-2015. Mechanism of injury was a fall. Diagnoses include L3-4 and L4-5 stenosis with right lower extremity. Treatment to date has included diagnostic studies, medications, acupuncture, and use of a Transcutaneous Electrical Nerve Stimulation unit. She is not working. X rays done with the 06-29-2015 visit showed disc space narrowing at L3-L4, and L4-L5. On 03-18-2015 an unofficial report of a Magnetic Resonance Imaging of the lumbar spine showed multiple levels of disc bulge with mild to moderate canal stenosis and neural foraminal stenosis. A physician progress note dated 06-29-2015 documents the injured worker complains of burning pain in her lower back with radiation to the right lower extremity. Her gait is antalgic and she has calf pain with ambulation. On examination there is tenderness in the paraspinous musculature of the lumbar region and midline tenderness is noted. There are muscle spasms in the lumbar spine. Lumbar range of motion is restricted. She has decreased sensation present in the right L3-4, L4-5 and L5-S1 distribution. There is right sacroiliac tenderness noted on compression. Sciatic nerve compression is positive on the right and straight leg raise is positive in the supine and seated positions on the right. The treatment plan includes Naproxen Sodium 550mg #60, 1 PO BID PRN with food, and EMG/NCV studies of the bilateral lower extremities. Treatment requested is for Water Therapy; eight (8) sessions (2x4), Tramadol HCL & Acetaminophen 7.5-325mg #60, 1 PO Q6-8H PRN, Retrospective: Urinalysis, Pro-Stim 5.0, Prilosec 20mg #60 1 PO BID PRN, Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin pain cream to apply thin layer 1- 2 grams to affected area 1-2 times daily, and Acupuncture; eight (8) visits (2x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy; eight (8) sessions (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request is for greater than the number of visits necessary to determine treatment efficacy and there is no documentation of objective functional improvement. Water Therapy; eight (8) sessions (2x4) is not medically necessary.

Acupuncture; eight (8) visits (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture; eight (8) visits (2x4) is not medically necessary.

Retrospective: Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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. Retrospective: Urinalysis is not medically necessary.

Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin pain cream to apply thin layer 1-2 grams to affected area 1-2 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin pain cream is not medically necessary.

Tramadol HCL & Acet 37.5-325mg #60, 1 PO Q6-8H PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol HCL & Acet 37.5-325mg is not medically necessary.

Prilosec 20mg #60 1 PO BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 68.

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 Prilosec. Prilosec 20mg #60 is not medically necessary.

Pro-Stim 5.0: Upheld

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

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), Electrical stimulators.

Decision rationale: The ProStim device delivers galvanic stimulation, EMS/NMS, TENS, NMES, and interferential current stimulation (ICS). There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. A TENS device is the only recommended treatment. Pro-Stim 5.0 is not medically necessary.