MAXIMUS Federal Services

Case Number:	CM15-0040036		
Date Assigned:	04/09/2015	Date of Injury:	12/01/2010
Decision Date:	05/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: Pennsylvania
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 64 year old male sustained an industrial injury on 12/1/2010. The mechanism of injury is not detailed. Diagnoses include degeneration of lumbar intervertebral disc with myelopathy, lumbar musculoligamentous injury, right knee sprain/strain, and rule out right knee derangement, left knee internal derangement, left knee sprain/strain, anxiety, and depression. Treatment has included oral and topical medications. Acupuncture was recommended at a visit in August 2014; however, there was no documentation that any acupuncture was approved or completed. Examination findings in November and December 2014 included positive straight leg raise and posterior drawer testing bilaterally. Norco, tramadol, and topical creams were prescribed in August 2014. Neurontin was prescribed in October 2014. Urine drug screens on 11/18/14 and 12/9/14, the same dates as office visits, were reported as inconsistent due to positive findings of tramadol; however, this was a prescribed medication. Urine drug screens on 9/23/14 and 10/21/14, the same dates as office visits, were reported as inconsistent, with positive findings for hydrocodone, hydromorphone, norhydrocordone, and tramadol; however, tramadol and norco were prescribed medications. Physician notes on a PR-2 dated 1/13/2015 show complaints of lumbar spine pain rated 6/10, bilateral knee pain rated 5/10, anxiety, and depression. Lumbar spine pain was reduced with medication and knee pain was relieved with medication. Physical examination showed decreased range of motion of the lumbar spine and knees. No additional physical examination findings were documented. Recommendations include Neurontin, topical medication, Anaprox, Prilosec, Tramadol, acupuncture to decrease inflammation and increase circulation, chiropractic/ physiotherapy to increase strength and range of motion and decrease

pain, lumbar spine and bilateral knee MRI to further assess and rule out meniscus tear, nerve conduction study/electromyography of the bilateral lower extremities to further assess and rule out neural compromise, and urine drug screen to confirm adherence to prescribed medication. Work status was noted as temporarily totally disabled in August 2014 and as off work in progress reports from September, October, November, and December 2014 and January 2015. On 2/6/15, Utilization Review (UR) non-certified the requests currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xweek x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. In this case, acupuncture was recommended in August 2014 but there was no documentation of completion of any acupuncture to date; therefore, the current request is consistent with an initial request for acupuncture. Twelve visits of acupuncture exceed the MTUS recommendations for an initial trial of acupuncture. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. This injured worker has been off work since at least August 2014. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. A presumed initial course of acupuncture is not medically necessary based on number of sessions requested in excess of the guidelines, a prescription which does not address function as recommended in the MTUS, and lack of specific indications per the MTUS.

Chiropractic Treatment 2 x week x 6 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 Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." This injured worker has chronic knee and low back pain. The area to be treated with chiropractic manipulation was not specified, and may potentially be related to treatment of the knees, which is not recommended by the guidelines. The request for 12 sessions exceeds the guideline recommendation for an initial trial of 6 visits. Due to insufficiently specific prescription and number of sessions requested in excess of the guideline recommendations, the request for chiropractic treatment is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: This injured worker has chronic lumbar spine pain. The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. An MRI of the lumbar spine was ordered in August 2014; results were not submitted and it is unclear if the MRI was completed at that time; however, the listed diagnosis of degeneration of lumbar intervertebral disc with myelopathy suggests that this is possible. Even if a prior lumbar spine MRI had been completed, there are no current findings to support imaging of the lumbar spine. No red flag conditions were documented, surgery was not discussed, and there was no documentation of electrodiagnostic studies. No neurologic findings were documented, with minimal examination documented in the records submitted. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. Due to lack of indication, the request for MRI of the lumbar spine is not medically necessary.

MRI Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p. 332-335, 341-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter: MRIs.

Decision rationale: The ACOEM states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Magnetic resonance imaging (MRI) is noted to be able to identify and define knee pathology for meniscus tear, ligament strain, ligament tear, patelofemoral syndrome, tendinitis, and prepatellar bursitis. The ODG states that soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG also states that in most cases, diagnosing osteoarthritis with an MRI is unnecessary. Indications for MRI of the knee per the ODG are acute trauma to the knee or suspicion of posterior knee dislocation or ligament or cartilage disruption, and non-traumatic knee pain with initial non-diagnostic radiographs and suspicion of internal derangement, or if radiographs demonstrate evidence of internal derangement. This injured worker had chronic bilateral knee pain with limited range of motion on recent examination and positive posterior drawer testing on prior examinations. Minimal examination findings were documented in the records submitted. No initial radiographs were submitted. The physician noted that the reason for the MRI was to rule out meniscus tear; however, no physical findings consistent with meniscal tear were documented. There was no acute trauma to the knee. Due to lack of specific indication, the request for MRI of bilateral knees is not medically necessary.

EMG/NCV Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There are no reports from the prescribing physician, which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. This injured worker had chronic low back pain. No neurologic examination of the lower extremities was submitted. Medical necessity for electrodiagnostic testing is established by a clinical

presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

Urinalysis (medication management): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77-78, 89, 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: The request for urinalysis for medication management is noted in the progress reports to represent a request for urine drug screen to confirm adherence to prescribed medication. This injured worker has been prescribed tramadol, an opioid. Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. No risk stratification for addiction or aberrant behavior was documented. Testing was performed monthly, which would only be indicated in patients at high risk of adverse outcomes, which was not documented for this injured worker. Several urine drug screens were performed on the dates of office visits, not randomly as recommended by the guidelines. Results were not addressed, including the positive tests for hydromorphone, which was not a prescribed medication. Tramadol has been determined to be not medically necessary. As prior urine, drug screens have not been performed or addressed in accordance with the guidelines, and as the associated opioid has been determined to be not medically necessary, the request for Urinalysis (medication management) is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 2%/Flurbiprofen 20%/Baclofen 10%/Bupivacaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain p. 60topical analgesics p. 111-113 Page(s): 60, 111-113.

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Topical non-steroidal anti-inflammatory agents (NSAIDS) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. This injured worker did not have a diagnosis of osteoarthritis or tendinitis. Topical non-steroidals are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Baclofen is not recommended in topical form. As multiple medications in this compound are not recommended, the compound is not recommended. As such, the request for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 2%/Flurbiprofen 20%/Baclofen 10%/Bupivacaine 5% is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Terocin patch contains lidocaine and menthol. Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Terocin patch contains lidocaine and menthol. The site of application and directions for use were not specified. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. There is no documentation that this

injured worker has neuropathic pain or post-herpetic neuralgia. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Due to lack of indication, the request for Terocin patches is not medically necessary.

Tramadol 37.5/325mg #60: Upheld

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

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

Decision rationale: This injured worker has been prescribed tramadol for at least 6 months. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. An opioid contract was not discussed. No functional goals were discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains off work, and there was no documentation of decrease in medication use, improvement in activities of daily living, or decrease in the frequency of office visits. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Urine drug screens were performed on the dates of office visits, not randomly as recommended by the guidelines. Results were not addressed, including the positive tests for hydromorphone, which was not a prescribed medication. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): p. 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin (neurontin) has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. There is no documentation of neuropathic pain for this injured worker. Neurontin has been prescribed since October 2014. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" Response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. There was no documentation of at least 30% reduction in pain or functional improvement as a result of use of neurontin. Work status remains off work, and there was no documentation of decrease in medication use, improvement in activities of daily living, or decrease in the frequency of office visits. Due to lack of specific indication and lack of significant improvement in pain or function, the request for gabapentin is not medically necessary.