

Case Number:	CM15-0057779		
Date Assigned:	07/09/2015	Date of Injury:	03/29/2000
Decision Date:	10/02/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/26/2015

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 54-year-old male with an industrial injury dated 03/29/2000. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03/11/2015, the injured worker reported continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician prescribed Topical Cyclobenzaprine/Gabapentin 10/10% cream, Topical Flurbiprofen 20%/Tramadol cream, 12 sessions of acupuncture, 1 motorized wheelchair, 1 cervical facet, unknown left shoulder trigger point injections and Opana ER 15mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cyclobenzaprine/Gabapentin 10/10% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Topical Cyclobenzaprine/Gabapentin 10/10% cream is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical Cyclobenzaprine/Gabapentin 10/10% cream is not medically necessary.

Topical Flurbiprofen 20%/Tramadol cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Topical Flurbiprofen 20%/Tramadol cream, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical Flurbiprofen 20%/Tramadol cream is not medically necessary.

12 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested 12 Sessions of acupuncture, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor the medical necessity for a current trial beyond 4-6 sessions and then re-evaluation. The criteria noted above not having been met, 12 Sessions of acupuncture is not medically necessary.

1 Motorized wheelchair: 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), Knee and Leg, Power mobility devices (PMDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Number: 0271, Electric, Power or Motorized Wheelchairs.

Decision rationale: The requested 1 Motorized wheelchair, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS): (Effective July 18, 2009) and ODG are silent. Aetna Clinical Policy Bulletin: Number: 0271, Electric, Power or Motorized Wheelchairs noted that powered devices are suitable for patients with insufficient upper extremity strength to use a manual wheelchair. The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician has not documented objective evidence of insufficient upper extremity strength to operate a manual wheelchair. The criteria noted above not having been met, 1 Motorized wheelchair is not medically necessary.

1 Cervical facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested 1 Cervical facet block, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result, nor exam and diagnostic evidence of facet arthropathy. The criteria noted above not having been met, 1 Cervical facet block is not medically necessary.

Unknown left shoulder trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page 122 Page(s): 122.

Decision rationale: The requested Unknown left shoulder trigger point injections, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from

previous injections. The criteria noted above not having been met, Unknown left shoulder trigger point injections is not medically necessary.

Opana ER 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Opana ER 15mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued pain and difficulties with eating, bathing, writing, sleeping, standing, walking, sitting, medium and heavy lifting, doing housework, exercising and riding a vehicle. The treating physician reported that the injured worker was now a paraplegic and had to use a wheelchair. Objective findings revealed severe pain/spasm/tenderness at the left shoulder and left trapezius, probable pressure sore at the right leg below the knee, and increased lumbar tenderness. Documentation also noted that the injured worker was in a wheelchair. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Opana ER 15mg #60 is not medically necessary.