

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0071878 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 10/06/2009 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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:

The injured worker is a 63 year old individual who sustained an industrial injury on October 6, 2009. He reported injury to the left shoulder, left wrist, and back and was diagnosed with degenerative disc disease T4-5 and T9-10, compression fractures T5-T8, low back pain with intermittent left lower extremity symptoms, and left shoulder/scapular pain. Treatment has included activity modification, transcutaneous electrical nerve stimulation (TENS), lumbosacral orthosis, medications, physical therapy, stretching, heat, and home exercise. Tramadol, naproxen, and cyclobenzaprine have been prescribed since at least November 2014. Medications were noted to facilitate maintenance of activities of daily living and exercise. Tramadol was noted to result in approximately five point diminution in pain depending on level of activity; however, pain score ratings have remained unchanged over the past several months. Decrease in use of another unspecified pain medication as a result of tramadol was noted. Gastrointestinal upset as a result of non-steroidal anti-inflammatory use without proton pump inhibitor was noted. There was no history of ulcer, hemoptysis, or hematochezia. Currently, at a visit on 3/19/15, the injured worker reported left shoulder and scapular pain, left wrist and hand pain, low back pain, and thoracic pain. Examination showed tenderness to the thoracic and lumbar spine with limited range of motion. The treatment request included medications and physical therapy. On 3/26/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder/scapular, to include myofascial release 3x4 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-88.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Some prior physical therapy was mentioned, but the number of sessions completed, body site treated, and outcome of therapy were not documented. The number of sessions requested (12) is in excess of the guideline recommendations for a maximum of 10 sessions. As such, the request for Physical therapy for the left shoulder/scapular, to include myofascial release 3x4 weeks is not medically necessary.

Physical therapy for the thoracic spine 3x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Some prior physical therapy was mentioned, but the number of sessions completed, body site treated, and outcome of therapy were not documented. The number of sessions requested (12) is in excess of the guideline recommendations for a maximum of 10 sessions. As such, the request for Physical therapy for the thoracic spine 3x4 weeks is not medically necessary.

Tramadol 150mg #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 chronic back and upper extremity pain. Tramadol has been prescribed for at least five months. Tramadol (ultram) 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 re-uptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient 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. None of these aspects of prescribing are in evidence, with the exception of a pain contract which was discussed by the treating physician. 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 was not specified. Medications as a group were noted to result in maintenance of activities of daily living. An unspecified immediate release pain medication was noted to have been discontinued as a result of use of tramadol. Office visits have continued at the same monthly frequency. 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. These parameters were addressed by the treating physician. 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. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Naproxen 550mg #90: Upheld

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

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

Decision rationale: This injured worker has chronic back and upper extremity pain. Naproxen has been prescribed for at least five months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are

noted to have adverse effects including gastrointestinal (GI) side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. The documentation indicates that this injured worker had GI upset secondary to NSAIDs. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDs recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Due to length of use in excess of the guideline recommendations and potential for toxicity, the request for naproxen is not medically necessary.

Pantoprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed naproxen, a non-steroidal anti-inflammatory medication (NSAID), and pantoprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. GI upset as a result of NSAID use was noted. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. The associated NSAID (naproxen) has been determined to be not medically necessary. Due to lack of specific indication, the request for pantoprazole is not medically necessary.

Cyclobenzaprine 4.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66.

Decision rationale: This injured worker has chronic back and upper extremity pain. Cyclobenzaprine has been prescribed for at least five months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. There was no documentation of functional improvement as a result of use of flexeril. Work status was not addressed. Some improvement in range of motion, decrease in pain, and increased exercise tolerance was discussed. There was no documentation of decrease in use of medication as a result of cyclobenzaprine, and office visits have continued at the same monthly frequency. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for cyclobenzaprine is not medically necessary.