MAXIMUS Federal Services

Case Number:	CM15-0079544		
Date Assigned:	04/30/2015	Date of Injury:	05/21/2011
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/25/2015

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 65 year old male, who sustained an industrial injury on May 21, 2011. He reported an accident at work in which he injured his head, The injured worker is a 65 year old male who sustained an industrial injury on May 21, 2011. He reported an accident at work in which he injured his head, neck, back, and both shoulders. The injured worker was diagnosed as having lumbar spine sprain/strain with bilateral lower extremity symptoms and a 4-5mm disc protrusion at L4-L5, cervical spine sprain/strain with bilateral upper extremity symptoms, cervicogenic with 3-4mm disc protrusion at C5-L6 and C6-L7 with spinal cord abutment, thoracic spine sprain/strain, seasonal affective disorder, sleep disturbance, and gastrointestinal (GI) upset with medications. Treatment to date has included chiropractic treatments, aquatic therapy, epidural injections, biofeedback, use of a cane, and medication. Evaluation has included electromyography (EMG)/nerve conduction study (NCS), x-rays, MRI, and functional capacity evaluation. It was documented that the injured worker had not worked since November 2011. Work status in November and December 2014 and January 2015 was modified duty with restrictions; however, it was not noted if the injured worker was working. Tramadol was prescribed in November 2014. A urine drug screen in February 2015 was positive for cyclobenzaprine and tramadol. Examination in November 2014 showed cervical muscle guarding, spasm, and tenderness, with decreased range of motion and positive Spurling's test, decreased sensation C5-6 and decreased deep tendon reflexes in the left upper extremity, with normal motor testing of the upper extremities, tenderness of the thoracic and lumbar paravertebral muscles and sacroiliac joints, decreased thoracic and lumbar spine range of motion, decreased sensation on the left at L4, L5 and S1, and normal motor testing of the lower

extremities. As of December 2014, the injured worker complains of bilateral upper extremity radicular pain, numbness, tingling, and weakness, and low back pain radiating to both legs and feet with numbness. The primary treating physician's report dated December 19, 2014, noted the injured worker reported chiropractic treatment was mildly helpful. Examination was noted as unchanged since November 2014. The injured worker complained of gastrointestinal (GI) upset with pain medications, with Prilosec and topical cream prescribed. The physician noted a referral for a psychological evaluation for the complaints of stress, anxiety, depression, and sleep disturbance. The treatment plan was noted to include requests for continued chiropractic treatments, electromyography (EMG)/nerve conduction velocity (NCV), internal medicine consultation, psychological consultation, and prescribed medications of Naproxen, Cyclobenzaprine, Prilosec, and Tramadol. In January 2015, improvement in neck and low back pain with completed course of chiropractic treatment was noted. A psychiatric report from 3/10/15 indicates a current work status of off work. On 4/14/15, Utilization Review (UR) non-certified or modified requests for the services and medications 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:

Physical Therapy 3x4 to the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

Decision rationale: This injured worker has chronic neck and back pain. Documentation indicates prior chiropractic treatment, which was noted to result in improvement in pain. No prior physical therapy was documented. 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. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors in the medical records indicating why a number of sessions of physical therapy in excess of the guidelines is needed. Due to number of sessions requested in excess of the guidelines, the request for physical therapy is not medically necessary.

Acupuncture 2x6 to the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This injured worker has chronic neck and back pain. 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 treating physician has not provided the specific indications for acupuncture as listed in the MTUS. Some gastrointestinal upset related to pain medication was noted; however, oral pain medications were continued. There is no discussion of functional recovery in conjunction with surgery and physical rehabilitation. 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. Twelve visits of acupuncture exceeds the MTUS recommendations for an initial trial of acupuncture. Given the MTUS recommendations for use of acupuncture including an initial trial, which is substantially less than 12 visits, the request for Acupuncture 2x6 to the cervical, thoracic and lumbar spine is not medically necessary.

Tramadol 50mg #60 with 1 refill: Upheld

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

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

Decision rationale: This injured worker has chronic neck and back pain. Tramadol has been prescribed since November 2014. 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 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. The documentation did include a urine drug screen, but there was no discussion of functional goals or opioid contract. Work status was noted as modified duty with restrictions in some progress notes, but it was unclear if the injured worker had returned to work, and other documentation notes a work status of off work. 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. 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 and screening for aberrant drug-taking behaviors were not documented. Some GI upset secondary to medication was noted. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cyclotramadol cream with 1 refill: 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 topical analgesics Page(s): 111-113.

Decision rationale: 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. The documentation submitted did not indicate that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Tramadol is a centrally acting synthetic opioid analgesic. The MTUS and ODG do not address tramadol in topical form. Due to lack of documentation of failure of trial of antidepressant and antiepileptic medication, and lack of recommendation of topical muscle relaxants by the guidelines, the request for cyclotramadol cream is not medically necessary.