

Case Number:	CM15-0093166		
Date Assigned:	06/09/2015	Date of Injury:	10/09/2013
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, New York, 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 applicant is a represented 35-year-old who has filed a claim for chronic knee, neck, low back, and shoulder pain reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for extracorporeal shock wave therapy for the lumbar spine, tramadol, Protonix, and Celebrex. The applicants' attorney subsequently appealed. In a January 2, 2014 progress note, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back, knee, and shoulder pain, 7-9/10. The applicant was using marijuana; it was reported in one section of the note. Gripping, grasping, and various movements remained problematic, the applicant acknowledged. In a progress note dated April 22, 2015, the applicant reported ongoing complaints of low back pain. The applicant was pending medial branch blocks. Multifocal complaints of low back, shoulder, and knee pain were reported, 8/10 without medications versus 7/10 with medications. The applicant was on Celebrex, Protonix, and tramadol, it was reported on this date. Multiple medications were renewed. Extracorporeal shock wave therapy was sought. The applicant was, status post earlier shoulder surgery in December 2014, it was reported. The applicant was given restrictions which were apparently resulting in the applicant's removal from the workplace, the treating provider suggested (but did not clearly state). There was no mention of the applicant is having issues with reflux, heartburn, and/or dyspepsia at any portion of this particular note. On March 11, 2015, the applicant again reported ongoing complaints of low back and shoulder pain, 7/10 pain without medications versus 6/10 with medications. Once again, there was no mention of the applicant is having

issues with reflux, heartburn, and/or dyspepsia on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 1 x 6 to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Low Back-Lumbar & Thoracic chapter (Acute & Chronic), and Shock wave therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic; Physical Medicine Page(s): 123; 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Shock wave therapy.

Decision rationale: No, the request for six sessions of extracorporeal shock wave therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound. However, page 123 of the MTUS Chronic Pain Medical Treatment Guidelines notes that therapeutic ultrasound is not "recommended" in the chronic pain context present here. ODG's Low Back Chapter Shock Wave Therapy topic also notes that extracorporeal shock wave therapy is not recommended in the low back pain context present here. Finally, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against usage of passive modalities in the chronic pain context, noting that such modalities should be employed "sparingly." Introduction of extracorporeal shock wave therapy was not, thus, indicated in the clinical context present here and ran counter to both MTUS and ODG principles and parameters. Therefore, the request was not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids; 7) When to Continue Opioids Page(s): 79; 80.

Decision rationale: Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, "immediate discontinuation" of opioids is suggested in applicants who are concurrently using illicit substances. Here, the applicant was, in fact, concurrently using marijuana, an illicit substance. Discontinuing Ultram, an opioid, thus, appeared to represent a more appropriate option than continuing the same. It was further noted that the applicant seemingly likewise failed to meet criteria set forth on page

80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, namely, the applicant had seemingly failed to return to work. The applicant was not working with limitations in place, the treating provider suggested on April 22, 2015. While the treating provider did outline a low-grade reduction in pain scores from 8/10 without medications to 7/10 with medications on that date, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Ultram (tramadol) usage. Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Online Edition, Pain chapter, Proton pump inhibitors (PPIs).

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

Decision rationale: Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in multiple office visits, referenced above. Therefore, the request was not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Finally, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex may be considered in applicants who are at heightened risk of GI complications, here, however, there was no mention of the applicant's being at heightened risk for GI complications on the April 22, 2015 progress note at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the applicant was off work. The applicant continued to report pain complaints as high as 7/10, despite ongoing Celebrex usage. Ongoing usage of Celebrex failed to curtail the applicant's

dependence on opioid agents such as Ultram (tramadol). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.