

Case Number:	CM15-0097165		
Date Assigned:	05/27/2015	Date of Injury:	02/07/2014
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 40-year-old female who sustained an industrial injury on 2/7/14 from a slip and fall with onset of mid and low back pain with associated rectal bleeding. She was diagnosed with a contusion and given oral anti-inflammatory medication. Her pain did not improve and she had generalized pain and noted numbness and tingling in her hands with use. She received a parenteral injection in the emergency department and was started on physical therapy for about 12 sessions with improvement and also received acupuncture. She has multiple prior work related injuries. She currently complains of persistent neck pain bilaterally that radiates to both upper extremities. She has pins and needles in the neck and numbness and tingling in the hands bilaterally; constant low back pain, buttock pain, knee pain. The physical exam reveals tenderness on palpation of the cervical and lumbar spine with decreased range of motion; there was positive sitting and supine straight leg raise bilaterally. She is able to perform activities of daily living (3/3/15). Medications are Prilosec, Relafen, Tramadol, nabumetone. Diagnoses include cervical sprain with radicular symptoms; complaints of diffuse pain involving both upper and lower extremities; lumbosacral sprain with radicular symptoms; bilateral carpal tunnel syndrome; chronic pain syndrome; depression; anxiety. Treatments to date include lumbar support, wrist brace, cervical collar, medications, physical therapy which were effective in providing pain relief and functional improvement. Diagnostics include MRI of the cervical spine (11/13/14) shows a 2mm disc protrusion with mild central canal narrowing; MRI of the lumbar spine (11/13/14) unremarkable; electromyography/ nerve conduction studies bilateral upper extremities (1/6/15) normal; x-ray of the cervical spine (5/23/14) possible myospasm; x-ray of the

thoracic spine (6/20/14) possible myospasm. In the progress note dated 4/7/15 the treating provider's plan of care includes requests for Prilosec; Ultracet; Relafen; Functional Capacity Evaluation since she remains symptomatic despite physical therapy the treating provider needs to determine the injured workers capabilities; since physical therapy has been successful so far but the injured worker remains symptomatic a request for 6 additional sessions has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 PPIs Page(s): 68.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. This patient is not currently taking an NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Ultracet #60: 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 Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultracet (Tramadol plus Acetaminophen), is not medically necessary or indicated for the treatment of the patient's chronic pain condition. According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status.

This does not appear to have occurred with this patient. Medical necessity for the requested item has not been established. The requested treatment with Ultracet is not medically necessary.

Relafen 750mg #60: 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 NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Relafen is not medically necessary.

Functional capacity evaluation: 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 Functional Capacity Evaluation Page(s): 48.

Decision rationale: The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there is no documentation that any of the above conditions that are required to complete an FCE are present. There are no specific indications for an FCE. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Physical therapy 2 times a week for 3 weeks, quantity: 6 sessions: 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 Physical Therapy Page(s): 97.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has completed 8 of 12 physical therapy sessions to date. There is no specific indication for 6 additional sessions. Medical necessity for the requested services have not been established. The requested PT sessions are not medically necessary.