

Case Number:	CM15-0128770		
Date Assigned:	07/15/2015	Date of Injury:	03/20/2007
Decision Date:	10/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 33 year-old female who sustained an industrial injury on 03/20/07. Initial complaint and diagnoses are not available. Current diagnoses include cervical spine strain, low back strain, and sciatica lower extremities. Diagnostic testing and treatments to date have included MRI, chiropractic care, physical therapy, and topical/oral pain medication management. Currently, the injured worker complains of lumbar, and right lower extremity pain, currently rated as a constant 2 on a 10 point pain scale, and 9 at its worst. She has numbness and tingling to the upper and lower extremities bilaterally. She has dizziness, anxiety, stress, and insomnia. Current treatment plan with goals include electrical stimulation and topical medication to reduce pain to allow an active role in rehabilitation while reducing or altogether eliminating oral pain medications. Requested treatments include MRI cervical and lumbar spine, capsaicin .0375 %, Tramadol 8 %, cyclobenzaprine 4 %, menthol 5 %, gabapentin 10 %, 180 Grams, cyclobenzaprine 10 mg #45, Prilosec 20 mg #45, Amitiza 24 mcg #60, and IF stimulator home unit; initial trial 60 days. The injured worker is under temporary total disability. Date of Utilization Review: 06/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not include any such physical examination findings and no surgical intervention is proposed in the records. Cervical MRI is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM chapter on low back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not include any such physical examination findings and no surgical intervention is proposed in the records. Lumbar MRI is not medically necessary.

Capsaicin .0375 Percent, Tramadol 8 Percent, Cyclobenzaprine 4 Percent, Menthol 5 Percent, Gabapentin 10 Percent 180 Grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. Menthol is not recommended as a topical agent. Gabapentin is not recommended as a topical agent. As such, the request for capsaicin, tramadol, cyclobenzaprine, menthol, gabapentin is not medically necessary.

Cyclobenzaprine 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary.

Prilosec 20 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events. Therefore Prilosec is not medically necessary.

Amitiza 24 MCG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation treatment.

Decision rationale: CA MTUS guidelines do not address the use of Amitiza. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any opioid related constipation and no discussion of any trial of first line therapy. Use of Amitiza is not medically necessary.

IF Stimulator Home Unit Initial Trial 60 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 118-120.

Decision rationale: CA MTUS does not recommend the use of an Inferential Current Stimulation (ICS) as an isolated intervention. There is limited evidence for its effectiveness when combined with other interventions such as return to work, exercise and medications. Trials have been performed on neck, shoulder, jaw, knee and low back pain. ICS may be possibly appropriate for the following conditions: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures. (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case there is no documentation that there are limiting side effects of medication, that there is limited efficacy of medication, that pain does not respond to conservative measures or that there is any history of substance abuse. As such, the claimant meets none of the conditions for which coverage of an Inferential Stimulator home trial may be considered and this trial is not medically necessary.