

Case Number:	CM13-0002300		
Date Assigned:	11/20/2013	Date of Injury:	07/09/2001
Decision Date:	01/17/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male with a reported date of injury on 07/09/2001. The patient presented with low back pain with radiation down both legs, mostly on the left, occasional sharp and stabbing pain radiating down the left leg into the foot, numbness and tingling in the left foot, left elbow pain, soreness and aching, and a burning sensation in the elbow that varied. The patient had diagnoses including transitional vertebrae lumbar spine, 5 mm disc protrusion at L5-S1, radiculopathy on the left at L5, disc bulge at T12-L1, lateral epicondylitis of the left elbow, and partial tear distal biceps, left elbow. The physician's treatment plan included a request for a prescription of tramadol 50 mg #200, a prescription of hydrocodone/APAP 5/325 mg #30, a prescription for methocarbamol 750 mg #90, request for 16 sessions of aquatic therapy for the low back, and request for 16 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Tramadol 50mg, #200: 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, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The provider noted the patient indicated that his pain varied and with medication his pain level was at times between 6 and 7. The patient reported low back, lower extremity, and left elbow pain. The patient was utilizing docusate sodium for constipation. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, within the provided documentation, the requesting physician did not include an adequate assessment of the patient's pain including current pain, the least reported pain over the period since the last assessment, average pain, intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for tramadol 50 mg #200 is neither medically necessary, nor appropriate.

Prescription for Hydrocodone/APAP 5/325mg, #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 Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The provider noted the patient indicated that his pain varied and with medication his pain level was at times between 6 and 7. The patient reported low back, lower extremity, and left elbow pain. The patient was utilizing docusate sodium for constipation. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, within the provided documentation, the requesting physician did not include an adequate assessment of the patient's pain including current pain, the

least reported pain over the period since the last assessment, average pain, and intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request for hydrocodone/APAP 5/325 mg #30 is neither medically necessary, nor appropriate.

Prescription for Methocarbamol 750mg, #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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Per the provided documentation, it appeared the patient had been utilizing the medication methocarbamol since at least 11/2012. Guidelines recommend the use of muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain; it did not appear the medication was being used short-term to treat an acute exacerbation of low back pain. Additionally, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request for methocarbamol 750 mg #90 is neither medically necessary, nor appropriate.

Sixteen (16) sessions of aquatic therapy for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: The California MTUS Guidelines note aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines recommend 8-10 sessions over 4 weeks with an initial clinical trial of 6 sessions in order to demonstrate objective functional improvement with therapy. Within the provided documentation, the requesting physician did not include an adequate and full assessment of the patient's current objective functional condition in order to demonstrate objective functional deficits needing to be addressed with aquatic therapy. Additionally, the request for 16 sessions would exceed the guideline recommendation for an initial trial of 6

sessions in order to demonstrate the efficacy of the therapy before continuing. Therefore, the request for 16 sessions of aquatic therapy for the low back is neither medically necessary, nor appropriate.

Sixteen (16) sessions of acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend "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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to demonstrate the efficacy of the therapy with an optimum duration of 1 to 2 months at a frequency of 1 to 3 times per week. Within the provided documentation, the requesting physician did not include an adequate assessment of the patient's current objective functional condition in order to demonstrate functional deficits needing to be addressed with acupuncture. It was noted in the documentation that the patient attended acupuncture therapy twice per week for 2 months. The request for 16 additional sessions would exceed guideline recommendations. Additionally, within the provided documentation, the efficacy of the therapy was unclear. Therefore, the request for 16 sessions of acupuncture is neither medically necessary, nor appropriate.