

Case Number:	CM13-0002592		
Date Assigned:	01/10/2014	Date of Injury:	03/20/2002
Decision Date:	03/24/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 63 year-old female who was injured on 3/20/2002. According to the 6/24/13 report from [REDACTED], she presents with thoracic and lumbar pain, worse with activity and interfering with her ADLs. She also has GERD symptoms with her medications. She has been diagnosed with status post hardware removal and exploration of fusion L4/5, L5/S1 and revision posterior fusion L4 to S1 followed by anterior fusion L4/5 and L5/S1(5/17/07) ; status post L3/4 posterior lumbar decompression with instrumented fusion in 3/2011; and multilevel thoracic DDD. The IMR application shows a dispute with the 7/8/13 UR decision on acupuncture 2x4, use of Norco 10/325mg tid, Flexeril 10mg 2-3/day for spasm #90 with 5 refills, Amitiza 24mcg, and Nexium 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for acupuncture 2x4 to the back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS/Acupuncture guidelines state that acupuncture visits can be extended if there is documentation of functional improvement. MTUS state: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment" There is no clinically significant improvement in the ADLs listed in the records, there was no mention of a reduction in work restrictions, or reduction in the dependency on continued medical treatment. The request for continued use of acupuncture without documentation of functional improvement is not in accordance with MTUS/Acupuncture treatment guidelines.

Norco 10/325mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient presents with thoracic and lumbar pain. The records show she has been using the same dose of Norco on 12/19/12 as on 6/19/13. The 6/19/13 report does not provide a pain assessment, or discussion of medication efficacy. I do not have any medical reports from the requesting physician between 12/19/12 and 6/19/13. MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" and "satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" There is no reporting on decreased pain levels, improved function or improved quality of life. This is not a satisfactory response. MTUS does not recommend continuing treatment that does not provide a satisfactory response.

Flexeril 10mg # 90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Anti-Spasmodics Page(s): 64.

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

Decision rationale: The patient presents with thoracic and lumbar pain. The records show she has been using the same dose of Flexeril (10 mg bid to tid) on 12/19/12 as on 6/19/13. For Flexeril, MTUS specifically states: "This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)" There is no mention of Flexeril being discontinued within the 12/19/12 to 6/19/13 timeframe and no discussion of efficacy. Based on the available information it appears that Flexeril has been used longer than the 3-weeks recommended under MTUS

guidelines. The request for continued use does not appear to be in accordance with MTUS guidelines.

Amitiza 24mcg # 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, criteria for use-initiating therapy Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Therapeutic Trial of Opioids, Initiating therapy, and Pain Outcomes and Endpoints .

Decision rationale: The patient presents with thoracic and lumbar pain. The records show she has been using the same dose of Amitiza on 12/19/12 as on 6/19/13 for "medication related constipation" The 6/19/13 report does not provide a discussion of medication efficacy. I do not have any medical reports from the requesting physician between 12/19/12 and 6/19/13. But, MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" There is no reporting on decreased pain levels, improved function or improved quality of life with use of Norco, and no reporting of efficacy with Amitiza. MTUS does recommend prophylactic treatment of constipation when opioids are initiated, but also state there should be documentation of efficacy. Previously on this IMR, it was found that the reporting for use of Norco was not in accordance with MTUS recommendations and Norco could not be recommended as medically necessary. Without the opioid, and without documentation of efficacy, the use of Amitiza does not appear to be in accordance with the MTUS guidelines.

Nexium 40mg # 30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 68-69.

Decision rationale: The patient does not have any of the GI risk factors listed under the MTUS guidelines. The physician stated that the Nexium was for GERD symptoms from the medications Norco, Amitiza and Flexeril. Subsequent reporting from [REDACTED] from 7/31/13, does not mention GERD or GI problems. The patient appears to now be managed with Percocet and Nortriptyline. The 6/24/13 medical report does not discuss efficacy of Nexium, or any of the medications. It is unknown if the patient still has GERD symptoms without use of Norco, Amitiza or Flexeril. The reporting does not discuss whether the patient continues with GERD symptoms; does not discuss any of the MTUS risk factors for GI events; and does not discuss any benefits with its use. The continued use of Nexium does not appear to be in accordance with MTUS guidelines.