MAXIMUS Federal Services

Case Number:	CM13-0010472		
Date Assigned:	06/06/2014	Date of Injury:	07/12/1995
Decision Date:	08/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 50 year-old man who has reported neck, low back, and knee pain after an injury on July 12, 1995. Diagnoses have included knee degenerative joint disease, degenerative disc disease, and radiculopathy. Treatment has included long term opioids, partial knee joint replacement, spinal injections, lumbar fusion, physical therapy, chiropractic, massage, and prolonged disability prescribed by treating physicians. The injured worker has had multiple MRIs in the past, with no findings after surgery of any new pathology. The current prescribing physician has been seeing this injured worker periodically for several years. The periodic reports show ongoing, non-specific neck, back and knee pain; partial pain relief with medications, and no specific description of function. Per the urine drug screen on 1/8/13, hydromorphone, benzodiazepines, oxycodone, and morphine were detected. At the follow-up visit on 2/5/13 this urine drug screen result was not discussed. A urine drug screen on 7/8/13 was positive for morphine, benzodiazepines, and oxycodone. According to a medical report dated on July 8, 2013, pain without medication was 10/10 and with medication pain was 6-9/10. Current medications were MS Contin, Oxycodone, Cymbalta, and Zanaflex. The injured worker stated that MS Contin was no longer helping and requested that his medication be changed. Current symptoms included neck, low back, and knee pain. The physical examination was essentially unchanged, with findings of painful range of motion, tenderness, minimal stiffness, and minimal spasm. The treatment plan included a random urine drug screen, lumbar MRI to rule out a herniated nucleus pulposus, massage, change of MS Contin to OxyContin, Percocet, Cymbalta, and Zanaflex. There was no further discussion of the indications for massage, results of medication use, or indications for the MRI. The work status was full duty. There was no discussion of unused medication (morphine). On 8/5/13 the treating physician stated that the benzodiazepine positive was a result of medication prescribed by another physician, per the

injured worker report. There was no further discussion of any follow-up for this.On 8/2/13, Utilization Review of the lumbar MRI and massage is not medically necessary. Oxycontin and Percocet were partially approved. The decisions were based on the MTUS and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290, 303, 304, 309.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. The treating physician has prescribed an MRI because of concern about the possible presence of a herniated disk. Herniated disks are common findings in the general population, and in most people do not predict symptoms or need for treatment, as is discussed in the MTUS citations above. Herniated disks may occasionally require specific, invasive treatment when very specific clinical conditions are present. This patient does not fit the MTUS criteria for invasive procedures, such as epidural steroid injection or spine surgery, regardless of any proposed herniated disk. There are no significant changes clinically since the last MRI. The current clinical exam is benign. Repeat MRI may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS.

PROSPECTIVE REQUEST FOR 6 DEEP TISSUE MASSAGE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, Physical Medicine Page(s): 60, 9, 99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Massage therapy.

Decision rationale: The MTUS, Chronic Pain section, recommends active therapy rather than passive care. Functional improvement is the goal rather than the elimination of pain. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. A course of Physical Medicine should be directed toward specific functional improvement, progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use

of passive modalities. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. Massage therapists can vary greatly in terms of training and expertise. The MTUS recommends referral to "qualified" therapists. There is no information provided as to whom will be performing massage. Massage therapy is not medically necessary based on lack of an associated active therapy and exercise program, and lack of information about the qualifications of the intended massage therapist.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OXYCONTIN 40MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid managementOpioids, steps to avoid misuse/addictionindications, Chronic back painMechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Drug testing is not random, as it occurs only at office visits. The failed drug screens have not been addressed adequately and prescribing was not changed as a result. The treating physician has not adequately investigated the non-prescribed medications present in the urine drug screens. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS recommends pill counts for patients at risk of aberrant behavior. This injured worker has demonstrated aberrant behavior per the failed drug screens. The treating physician did not account for any unused morphine. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics", as is recommended in the MTUS. OxyContin is not medically necessary based on lack of benefit from opioids to date, failed drug tests, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PERCOCET 7.5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid managementOpioids, steps to avoid misuse/addictionindications, Chronic back painMechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Drug testing is not random, as it occurs only at office visits. The failed drug screens have not been addressed adequately and prescribing was not changed as a result. The treating physician has not adequately investigated the non-prescribed medications present in the urine drug screens. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS recommends pill counts for patients at risk of aberrant behavior. This injured worker has demonstrated aberrant behavior per the failed drug screens. The treating physician did not account for any unused morphine. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics", as is recommended in the MTUS. Percocet is not medically necessary based on lack of benefit from opioids to date, failed drug tests, and lack of a treatment plan according to the recommendations of the MTUS.