

Case Number:	CM13-0010501		
Date Assigned:	09/18/2013	Date of Injury:	02/18/2003
Decision Date:	01/15/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/13/2013

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, has a subspecialty in 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 62-year-old male who reported an injury on 02/18/2003. The mechanism of injury is listed as lifting of furniture when the patient felt sharp pain to the back, neck, and shoulder areas. Notes indicate that the patient's treatment history includes chiropractic sessions, acupuncture, and imaging studies, as well as x-rays of the neck and back. The patient is indicated as having been made permanent and stationary on 04/20/2003. Notes indicate that the patient has completed a functional restoration program and that the patient has primarily been managed through medication. The patient is currently diagnosed with cervical spondylosis without myelopathy, myofascial pain, cervical brachial syndrome, cervical radiculopathy, sciatica, lumbar spine neuritis or radiculitis, and the abnormality of gait. Notes indicate that the patient is currently considered to be at maximum medical improvement for his back conditions and recommendation was made for future treatment considerations in dealing with exacerbation and flare-ups and to treat the natural progression of the patient's disease. Notes indicate that in the past, the patient has undergone trigger point injections, which have been proven useful in treatment of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One back brace between 7/2/2013 and 9/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports

Decision rationale: The MTUS guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG guidelines indicate that a back brace may be recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (LBP); however, while this may be a conservative option, there is very low-quality evidence to support this modality. The documentation submitted for review singularly addresses a lumbar back brace on 07/02/2013. Notes indicate that the employee has had prior use of a back brace as well as a single point cane for ambulatory support. However, notes indicate that due to the employee's lack of activity that the employee has gained weight and is no longer able to utilize a back brace, which was previously considered helpful. However, the documentation submitted for review indicates that the employee has a date of injury greater than 10 years. The referenced Guidelines do not support back brace use beyond the acute phase of symptom relief. Furthermore, while a back brace may be considered for treatment of spondylolisthesis, documented instability, and for treatment of non-specific low back pain, there remains very low-quality evidence to support this modality. Finally, documentation in addressing the overall benefit specifically attributed to a back brace was not provided for review. The request for one back brace between 7/2/2013 and 9/17/2013 is not medically necessary and appropriate.

One cervical pillow between 7/2/2013 and 9/17/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Pillow.

Decision rationale: The ODG guidelines indicate the recommendation for use of a neck support pillow while sleeping, in conjunction with daily exercise. A randomized clinical trial (RCT) concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; however, either strategy alone did not give the desired clinical benefit. The documentation submitted for review singularly addresses a cervical pillow in the clinical notes of 07/23/2013. The document indicates that the employee is currently awaiting approval for a cervical pillow as well as a back brace and surgical consultation. The clinical notes from 09/05/2013 indicate that the employee's neck seems to be fairly well managed; however, the employee's primary complaint seems to be low back pain and pain radiating down both legs. Notes indicated the employee was utilizing a cane for ambulation at that time. Moreover, there is lack of clear clinical rationale submitted for review indicating the clinical necessity of a cervical pillow for treatment of the employee.

While guidelines may recommend the use of a neck support pillow for sleep in conjunction with daily exercise, the lack of clear clinical rationale fails to provide medical necessity for the requested pillow. The request for one cervical pillow between 7/2/2013 and 9/17/2013 is not medically necessary and appropriate.

One prescription for Oxycodone HCL 15mg #120 between 7/2/2013 and 9/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Oxycodone, Opioids, Dosing, On-Going Management Page(s): 78, 87, 92.

Decision rationale: The MTUS guidelines indicate that Oxycodone immediate release (OxyIR® capsule; Roxicodone® tablets; generic available), Oxycodone controlled release (OxyContin®); are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. The MTUS guidelines indicate that dosing of opioids is not recommended to exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the employee is currently prescribed oxycodone HCL 15 mg for use at 1 tablet every 4 hours as needed for pain. Additionally, notes indicate that the employee is prescribed Kadian ER 60 mg and Kadian ER 20 mg tablets for use twice a day at 60 mg and once daily at 20 mg. Based on the recommendation of the guidelines to not exceed 120 mg oral morphine equivalent per day with further recommendation for adding up different opioids to determine the cumulative dose for those patients prescribed different opioids, it is determined that the employee's current morphine equivalent dose (MED) is 275. This exceeds the recommendation of the guidelines. Furthermore, clinical notes submitted for review indicate that the employee has undergone treatment with a medication regimen, which has provided 40% to 60% pain relief. However, in addressing the 4 A's for ongoing monitoring of patients on opioid analgesics, the documentation submitted for review indicates that the employee's overall symptoms have gotten worse since the last visit and the employee reports difficulty sleeping as well as limitation in completing activities of daily living. The submitted drug screens for the employee have been consistent based on the employee's prescribed medications. However, given the lack of effective analgesia or improvement in the employee's abilities to undertake activities of daily living, the medical necessity for continued treatment with oxycodone is not supported. Weaning of the medication would of course be supported versus abrupt discontinuation. The request for one prescription for Oxy

One prescription for Soma 350mg #60 between 7/2/2013 and 9/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Soma and Anti-Spasmodics Page(s): 29, 65.

Decision rationale: The MTUS guidelines indicate that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The documentation submitted for review indicates that the employee is currently prescribed Soma 350 mg for use once every 6 hours as needed for spasms. However, while the documentation submitted for review indicates that the employee has complaints of nighttime spasms, which inhibit sleep, as well as cramping described in the employee's pain profile, there is a lack of documentation on an objective evaluation of the employee indicating muscle spasms. Furthermore, the clinical notes submitted for review indicate that the employee has been prescribed Soma since at least 09/06/2012. This far exceeds the recommendation of the guidelines for use of Soma for no longer than a 2 to 3 week period. The request for one prescription for Soma 350mg #60 between 7/2/2013 and 9/17/2013 is not medically necessary and appropriate.

One prescription for Flexeril 10mg between 7/2/2013 and 9/17/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine Page(s): 41.

Decision rationale: The MTUS guidelines indicate that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The documentation submitted for review indicates that the employee is currently prescribed Soma 350 mg for use once every 6 hours as needed for spasms. However, while the documentation submitted for review indicates that the employee has complaints of nighttime spasms, which inhibit sleep, as well as cramping described in the employee's pain profile, there is a lack of documentation on an objective evaluation of the employee indicating muscle spasms. Furthermore, the clinical notes submitted for review indicate that the employee has been prescribed Soma since at least 09/06/2012. This

far exceeds the recommendation of the guidelines for use of Soma for no longer than a 2 to 3 week period. The request for one prescription for Flexeril 10mg between 7/2/2013 and 9/17/2013 is not medically necessary and appropriate.