

Case Number:	CM13-0011449		
Date Assigned:	11/08/2013	Date of Injury:	03/25/1997
Decision Date:	03/20/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation 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 52-year-old male who reported an injury on 03/25/1997. The mechanism of injury was not specifically stated. The patient is currently diagnosed with chronic postoperative pain, postlaminectomy syndrome, lumbago, and lumbar radiculopathy. The patient was seen by [REDACTED] on 06/27/2013. The patient reported neck, mid to low back, and lower extremity pain. Physical examination revealed an antalgic gait, tenderness to palpation over the lumbar and thoracic spine, limited lumbar range of motion, 5/5 motor strength, positive facet loading maneuver bilaterally, positive straight leg raising bilaterally, and positive Faber testing. Treatment recommendations included a refill of medications including OxyContin, Norco, Soma, Senna, and Lunesta. Treatment recommendations also included physical therapy for the lumbar spine 2 to 3 times per week for 4 to 6 weeks and acupuncture treatment for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with refills for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a significant change in the patient's physical examination findings that would indicate functional improvement. Based on the clinical information received, the requested Norco is not medically necessary or appropriate.

Senna 374mg #60 with refills for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the medlineplus website

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation.

Decision rationale: The California MTUS Guidelines state that a prophylactic treatment of constipation should be initiated when starting opioid therapy. First line treatment of opioid induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There is no documentation of chronic constipation or gastrointestinal complaints. The medical necessity for the requested medication has not been established. There is also no evidence of a failure to respond to first line treatment. Based on the clinical information received, the requested Senna is not medically necessary or appropriate.

OxyContin 10mg #60 with refills for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a significant change in the patient's physical examination findings that would indicate functional improvement. Based on the clinical information received, the requested OxyContin is not medically necessary or appropriate.

Soma 350mg #120 with refills for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long-term use of this medication, the current request is not medically necessary or appropriate.

Lunesta 2mg #30 with refills for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. As per the documentation submitted, there is no evidence of chronic insomnia or sleep disturbance. The patient has continuously utilized this medication. There is no evidence of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. Based on the clinical information received, the requested Lunesta is not medically necessary at this time.

Physical therapy for the lumbar spine (2-3 times per week for 4-6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient's injury was greater than 16 years ago. Documentation of a previous course of physical therapy was not provided for review.

Furthermore, the patient's current physical examination only reveals tenderness to palpation with slightly diminished range of motion. The current request for physical therapy 2 to 3 times per week for 4 to 6 weeks exceeds guideline recommendations. Therefore, the requested physical therapy is not medically necessary at this time.

Acupuncture for low back pain (4 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. Documentation of a previous course of acupuncture treatment was not provided for review. There is no evidence that this patient's pain medication has been reduced or is not tolerated. Based on the clinical information received and the California MTUS Guidelines, the requested acupuncture is not medically necessary.