

Case Number:	CM13-0015267		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2010
Decision Date:	04/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine & 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 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 patient is a 58-year-old female with date of injury of 05/24/2010. Per treating physician's report 06/25/2013, listed diagnosis are: 1. Cervical radiculitis. 2. Lumbar radiculitis. 3. Multiple cervical and lumbar disk protrusions. 4. General orthopedic issues including bilateral wrists and bilateral knees. 5. Chronic midback pain. 6. Osteoarthritis of bilateral knees. Per this report, presenting symptoms are low back, neck pain at an intensity of 4/10 to 5/10 with some improvement, difficulty sleeping. The treating physician's 08/20/2013 report is also reviewed where he provides request reconsideration. This report describes request for epidural steroid injections to bilateral L4-L5 roots. He states the MRI of the lumbar spine from 02/17/2012 showed "broad-based bulge with bilateral protrusions resulting in neuroforaminal narrowing at these levels."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SKILLED PHYSICAL THERAPY SERVICES: Upheld

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

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

Decision rationale: This patient presents with chronic neck, low back, bilateral upper and lower extremities with diagnosis of radiculopathies, osteoarthritis of bilateral knees, midback pain. The treating physician has asked for additional physical therapy. The treater indicates in his 08/20/2013 report that the patient has had physical therapy as he indicates that this continuing physical therapy has increased pain. Review of the reports show chiropractic treatments that were provided in September and October of 2012, but no physical therapy reports were provided for review. The precise number of physical therapy treatments is not available based on review of the reports. MTUS Guidelines allow 8 to 9 sessions for myalgia, myositis, neuritis, radiculitis type of symptoms. MTUS Guidelines have separate recommendations for postoperative care, but this patient is not considered for postoperative physical therapy. The treating physician simply asked for additional skilled physical therapy services stating that prior physical therapy were helpful and when therapy treatments were stopped, pain increased. This request cannot be considered for authorization as this treating physician does not specify how many treatments this patient recently had and how many treatments are asked for in addition. The request for "additional skilled physical therapy services" does not specify duration. MTUS Guidelines page 8 requires physician monitoring of the patient's progress and appropriate recommendations. In this case, the treating physician does not provide adequate monitoring of this patient's physical therapy treatments. He does not provide how many treatments this patient has had and with what functional benefit. He is also not specifying how many treatments additional sessions are being recommended. Recommendation is for denial.

LUMBAR EPIDURAL STEROID INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient presents with chronic low back and bilateral thigh pains. The review of 228 pages of reports does not show a report of lumbar MRI. However, the treating physician on 08/20/2013 describes MRI from 02/17/2012, and apparently there was broad-based bulging disk extending into the bilateral foramen with foraminal stenosis at L4-L5. Based on this MRI and patient's symptoms, the treating physician has asked for bilateral epidural steroid injections at L4 and L5 levels. MTUS Guidelines page 46 and 47 specifically discuss epidural steroid injection, states that no more than 1 interlaminar level should be injected at 1 session and no more than 2 nerve root level should be injected using transforaminal blocks. In this case, the treating physician is asking for bilateral L4 and L5 for 4-level transforaminal epidural steroid injection. Patient's examination showed some weakness in both lower extremity of the tibialis anterior, extensor hallucis longus, inversion/eversion of the foot with positive straight leg raise. Given the patient's bilateral thigh pains, examination findings, and MRI showing foraminal stenosis at L4-L5, trial of epidural steroid injection may be reasonable. However, the current request is for 4-level injections, which is not supported by MTUS Guidelines. Recommendation is for denial.

LABORATORY PANEL TO EVALUATE LIVER AND KIDNEY FUNCTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 164-165.

Decision rationale: This patient presents with chronic neck and low back pain with radiation to the upper and lower extremities. Patient has osteoarthritis of the bilateral knees as well. The treating physician has asked for laboratory panel evaluation of the liver and kidney function. However, review of the reports show that the patient did have blood work on 06/27/2013 with glucose level 102, ALT slightly elevated at 34 for abnormal results. The treating physician does not describe why a repeat laboratory panel is required. The patient is on tramadol, Pamelor, and Prilosec, but nothing in particular that require frequent monitoring of the liver and kidney functions. Recommendation is for denial.

TRAMADOL ER 150MG CAPSULE #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 60-61.

Decision rationale: This patient presents with chronic neck, low back, bilateral upper and lower extremity pains with osteoarthritis of bilateral knees. The treating physician has been prescribing tramadol extended release for quite some time. Review of the reports from 02/19/2013 to 08/20/2013 does not show any evidence that there is adequate documentation for ongoing use of the synthetic opiate. Each of the reports described near identical information including 4/10 to 5/10 intensity of pain. Each of the reports indicates "medication has helped decreased pain" without any documentation of numerical scale or functional assessment. None of the reports specifically addressed tramadol is making any significant difference in this patient's overall pain and functional improvements. MTUS Guidelines page 60 states that for use of medication in chronic pain, pain relief in relationship to improvements and function and increased activity must be documented. For long term opiate usage, documentation of pain and functional improvement compared to baseline, pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. Furthermore, MTUS Guidelines require documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, adverse behavior. In this patient, analgesia is described as "medications help decrease pain" without any specifics. Patient's functional level as affected by use of medication is not provided. MTUS further requires under outcome measures, current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief, etc. None of these informations are provided in any of the reports. Recommendation is for denial.

OMEPRAZOLE 20 CAPSULE #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: This patient presents with chronic neck and low back pain with radiating symptoms to upper and lower extremities. The treating physician has been prescribing omeprazole, but none of the reports reviewed from 02/19/2013 to 08/20/2013 described any reason for the patient being on Prilosec. None of the reports list NSAIDs as medication use for this patient's pain and inflammation. It is not known why Prilosec is being prescribed on this patient. MTUS Guidelines require GI assessment including age greater than 65, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, high-dose/multiple NSAID for prophylactic use of proton pump inhibitor when concurrent NSAIDs are being used. In this case, the treating physician does not provide any documentation of gastric side effects, no documentation of GI risk, and the patient is not documented to be on any NSAIDs. Recommendation is for denial.

NORTIPTYLINE HCL 25MG CAPSULE #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: This patient suffers chronic neck and low back as well as upper and lower extremity pains. The patient is being prescribed Pamelor 25 mg. However review of the reports from 02/19/2013 to 08/20/2013 does not explain why this medication is prescribed. None of the reports described any medication efficacy. Each of the reports rates the patient's level at 4/10 to 5/10 and reports difficulty sleeping secondary to pain. However, none of the reports indicate that the Pamelor has done anything for the patient's radicular symptoms, depression, or the patient's sleep. MTUS Guidelines do allow for use of tricyclic antidepressants for treatment of neuropathic pain and chronic pain. The use of this medication very well may be indicated given the patient's list of diagnosis that include radiculopathies. However, MTUS Guidelines page 60 also require documentation of medication efficacy in terms of pain assessment and functional changes. In this case, this specifically discussed Pamelor and its effect on this patient's pain level, insomnia, and radicular symptoms. Recommendation is for denial.