MAXIMUS Federal Services

Case Number:	CM13-0016974		
Date Assigned:	10/11/2013	Date of Injury:	05/11/2009
Decision Date:	02/07/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/27/2013

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:

A 61-year-old female with date of injury from 05/11/2009. The patient has diagnosis of low back right-sided radicular pain, instability L4-L5, status post L4-L5 fusion 2011, right L5 radiculopathy, status post removal of the hardware from 2012. [redacted] note from 07/24/2013 reviews the electrodiagnostic studies of the lower extremity consistent with right lumbar radiculopathy, but exact level undetermined, probable right L5. Magnetic Resonance Imaging (MRI) from 08/30/2010 showed disk bulge, 4 mm, at L4-L5. Magnetic Resonance Imaging (MRI) from 02/11/2013 showed postop changes at L4-L5, facet arthrosis mild at other levels. Presenting symptoms were right chest wall pain, low back and right lower extremity pain. The treating physician also documents affect changes, social isolation, sense of hopelessness, and anxiety. For future medical treatment, he recommended continued medication. July 2, 2013 report was also reviewed. This report is requesting use of Lyrica to reduce nerve pain and also cognitive behavioral training psychologist, 12 sessions. July 9, 2013 report states that the patient's focus and concentration decreased with Lyrica even at 25 mg daily as well as sedation, dizziness, headaches, nausea, vomiting, despondency increased with Lyrica. On this report, the treater is requesting Lyrica at nighttime, cognitive behavioral training 12 sessions, physical therapy 12 sessions and Cymbalta. Report by [redacted], a physical medicine rehab specialist 04/12/2013, notes that the patient is on Ambien CR that works better than Ambien. Report by [redacted], 03/11/2013 discusses Ambien CR and supports the use of the zolpidem ER for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with chronic low back and right lower extremity pain with history of lumbar fusion at L4-L5 from couple of years ago. The treater has requested physical therapy to address this patient's persistent low back pain. Review of 340 pages of reports provided do not contain any physical therapy notes and not mention in any of the progress reports reviewed regarding patient's physical therapy history. It is assumed at this point that the patient has had adequate post-operative physical therapy, and that the current request for physical therapy is to address the patient's ongoing pain. Despite the review of the treater's progress reports, there is no discussion regarding the patient's prior response to physical therapy treatments, and what the current goals are other than pain reduction. The goal of pain reduction has not been achieved despite surgery, hardware removal, the variety of medications this patient has tried. California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend 8 to 10 sessions for myalgia, myositis,neuritis/radiculitis type of pain that this patient suffers from. The current request exceeds what the California Medical Treatment Utilization Schedule (MTUS) Guidelines allow for this type of condition. The patient is out of post-operative timeframe following the patient's lumbar fusion and also hardware removal, and therefore, post-operative guidelines do not apply. Recommendations is for denial based on the number of the requested therapy treatments, and also lack of any discussion regarding how the patient has responded to prior therapy treatments and the likelihood that additional therapy will make any difference for this patient.

. L-Methylfola: 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).

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

Decision rationale: There is a request for L-methylfolate. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent regarding methylfolate. Official Disability Guidelines (ODG) Guidelines state that folate supplementation for depression and also folate deficient chronic pain patients, is under study and that there is limited available evidence suggesting that folate may have a potential role as a supplement to other treatment for depression. In this patient, depression is documented but there are no progress reports discussing the need for methylfolate, no mention of folate deficiency. Given that Official Disability Guidelines (ODG) Guidelines state that this is under study, with only limited available evidence, recommendation is for denial.

Zolpidem: 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).

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

Decision rationale: This patient is treated with zolpidem or zolpidem extended release for the patient's insomnia. One of the psychiatrist's note indicates that the patient is able to sleep 4 to 6 hours when she uses zolpidem extended release but that she is still struggling with sleep. This patient suffers from chronic low back pain with lumbar fusion at L4-L5. California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent regarding zolpidem. However, Official Disability Guidelines (ODG) Guidelines do not recommend use of zolpidem for long term use. Ambien CR is indicated with longer term studies finding this medication to be effective for up to 24 weeks in adults. Given the lack of support for neither zolpidem nor Ambien CR for longer than six months' use, recommendation is for denial.

. **Flector Patch:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient suffers from chronic low back pain with radicular symptoms. The patient has history of lumbar fusion at L4-L5. The treating physician has been prescribing this patient Flector patches presumably used for the patient's radicular symptoms. Flector patches are diclofenac topical product. California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Nonsteroidal anti-inflammatory drug (NSAID), topical products can be used for peripheral joint arthritis, or tendonitis. This patient does not present with any peripheral joint arthritis or tendonitis. Recommendation is for denial.

Lyrica: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient suffers from chronic low back pain with radiating symptoms down the lower extremity. The patient has had lumbar fusion at L4-L5. The patient has been prescribed Lyrica for the patient's presumed radiculopathy. However, radiculopathy is not well documented as the Magnetic Resonance Imaging (MRI) of the lumbar spine only showed bulging disks and the protruding disks at L4-L5 has been corrected via lumbar fusion and

subsequent hardware removal. While the patient continues to experience radiating symptoms down the lower extremity, the clear etiology is questionable as to the radiculopathy as there are no nerve root lesions. However, the Electromyogram (EMG) study did suggest possible L5 radiculopathy. The question is whether or not Lyrica is indicated and supported by the guidelines. While use of Lyrica is indicated for neuropathic pain, in this patient, the treating physician clearly documents that with Lyrica as low as 25 mg dosing, the patient has decreased focus, increased dizziness, headache, and nausea per report 07/09/2013. California Medical Treatment Utilization Schedule (MTUS) Guidelines page 60 and 61 under medications for chronic pain requires documentation of effectiveness within 1 to 3 days in analgesic effect and antidepressants should occur within 1 week and the record of pain and function with medication should be recorded. In this patient, it does not appear that Lyrica is being tolerated. In fact, even at low-dose 25 mg, the patient is having side effects. Recommendation is for denial.

Cognitive-behavioral therapy (CBT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend behavioral intervention or cognitive behavioral therapy. However, initial trial of 3 to 4 psychotherapy visits are recommended over 2 weeks and with evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks on individual basis. This request is for 12 sessions which exceeds what is allowed by California Medical Treatment Utilization Schedule (MTUS) Guidelines and recommendation is for denial.