

Case Number:	CM13-0017230		
Date Assigned:	12/11/2013	Date of Injury:	06/07/2012
Decision Date:	04/07/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

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, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 47 year-old male who was injured on 6/7/12. He has been diagnosed with chronic thoracolumbar pain syndrome; thoracic compression fractures T6-7 and T9 through T12; bilateral posterior leg pain, S1 radicular pattern; weakness right leg and loss of ankle and knee reflexes; small disc herniation T11/12; lumbar degenerative disc disease multiple levels; multilevel lumbar facet degeneration; mild right neural foraminal stenosis at L5/S1, status post lumbar surgery, 2-levels in 1994. According to the 7/18/13 report from [REDACTED], the patient presents with 8-9/10 pain in the spine. Testosterone was reported to help the patient with a myriad of issues including reducing pain by 20%. Sleep was improved as a result of the breakthrough pain. Topiramate dramatically helped the right leg. [REDACTED] requests a repeat of the the T11/12 ESI that provided 50% improvement. He requests a series-of-three to give more benefit. He requests autonomous water therapy with PT supervision for 12 visits. [REDACTED] notes the patient cannot continue to experience these high levels of pain and dysfunction; he cannot stand up straight and must brace himself with both arms while standing. He requests evaluation with a neurosurgeon. On 7/31/13 CID UR recommended non-certification for use of Trazodone; naproxen; MSLA; MSIR; topamax; the series-of-3 thoracic ESI; and the neurosurgery evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines, stress/mental chapter, for trazodone.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. The patient has neuropathic pain and delayed recovery. MTUS guidelines states antidepressants are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." The patient was also reported to have difficulty sleeping due to chronic pain. ODG guidelines recommend trazodone for insomnia if the patient also has depression or anxiety. The use of trazodone appears to be in accordance with MTUS guidelines.

Naproxen 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. MTUS for antiinflammatory medications states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of naproxen is in accordance with MTUS guidelines.

MSLA 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. The patient has been maintaining control with MS Contin for over 6-months, through Jan.

2013. The MTUS section on "long-term users of opioids (6-months or more)" applies. MTUS for long-term use of opioids provides the following: "2) Strategy for maintenance (a) Do not attempt to lower the dose if it is working (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication" The patient's pain levels were reported as 7-9/10. The patient appears to be a candidate for MS Contin, but the provider has not reported efficacy of the medication. MTUS guidelines state: ". Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS also states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The physician has not reported functional improvement with use of MSLA or MSIR. I am unable to determine if these medications have provided a satisfactory response, with either improved pain, or improved function or quality of life. The available information does not show a satisfactory response. MTUS states if there is an unsatisfactory response, the physician should assess the appropriateness of continued treatment and consider other modalities. In this case, it appears the physician recommended the neurosurgical consultation. MTUS does not recommend continuing treatment if there is an unsatisfactory response, and on the other hand does not require discontinuing treatment. MTUS does require treatment of pain. The MTUS guidelines on page 11 states "the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition." MTUS does not state MSLA or MSIR are not recommended. However, the physician fails to report efficacy, so it is unknown if the MSLA or MSIR have produce a satisfactory response. Authorization is recommended as there is more evidence in MTUS to support the request, than there is to deny it. MTUS does require treatment of pain. The pain is moderate-severe. The patient has been on MSLA and MSIR for long-term and MTUS states do not attempt to lower the dose if it is working.

MSIR 60mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. The patient has been maintaining control with MS Contin for over 6-months, through Jan. 2013. The MTUS section on "long-term users of opioids (6-months or more)" applies. MTUS for long-term use of opioids provides the following: "2) Strategy for maintenance (a) Do not attempt to lower the dose if it is working (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations.

This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication" The patient's pain levels were reported as 7-9/10. The patient appears to be a candidate for MS Contin, but the provider has not reported efficacy of the medication. MTUS guidelines state: ". Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS also states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The physician has not reported functional improvement with use of MSLA or MSIR. I am unable to determine if these medications have provided a satisfactory response, with either improved pain, or improved function or quality of life. The available information does not show a satisfactory response. MTUS states if there is an unsatisfactory response, the physician should assess the appropriateness of continued treatment and consider other modalities. In this case, it appears the physician recommended the neurosurgical consultation. MTUS does not recommend continuing treatment if there is an unsatisfactory response, and on the other hand does not require discontinuing treatment. MTUS does require treatment of pain. The MTUS guidelines on page 11 states "the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition." MTUS does not state that MSLA or MSIR are not recommended. However, the physician fails to report efficacy, so it is unknown if the MSLA or MSIR have produce a satisfactory response. Authorization is recommended, as there is more evidence in MTUS to support the request, than there is to deny it. MTUS does require treatment of pain. The pain is moderate-severe. The patient has been on MSLA and MSIR for long-term and MTUS states do not attempt to lower the dose if it is working.

Topomax 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Antiepileptic Drugs Page(s): 21.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. The 7/18/13 report states the the patient has been using Topomax (topiramate) and that it dramatically helped the right leg symptoms. MTUS states this has variable efficacy, but "It is still considered for use for neuropathic pain when other anticonvulsants fail." The continued use of Topomax is appropriate and in accordance with MTUS guidelines.

On series of 3 T11-12 epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. I have been asked to review for a series-of-three thoracic ESIs at T11-12. MTUS criteria for ESI states "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Thoracic radiculopathy has not been documented on physical examination. Thoracic radiculopathy is difficult to assess on physical exam, as the dermatomal distribution does not extend down the lower extremities. However, the second part of the criteria is that there should be MRI or electrodiagnostic findings. The MRI provided, is of the lumbar spine, dated 9/18/12, and does not extend up to T11/12, and there are no electrodiagnostic studies provided. Finally, MTUS specifically states "Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase." The request for a "series-of-three" thoracic ESI, without imaging studies or electrodiagnostic evidence of radiculopathy, is not in accordance with MTUS guidelines.

1 Neurosurgeon evaluation for vertebral body compression fractures surgery: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The patient presents with thoracic and lumbar pain. He has several thoracic compression fractures, and is status post lumbar L5/S1 surgery with persistent S1 radicular symptoms. He walks with a walker and is unable to stand up straight without bracing with both arms. MTUS chronic pain guidelines and MTUS/ACOEM topics did not discuss neurosurgical consultations for thoracic spinal fractures. The AD has not adopted ACOEM chapter 7 into the MTUS, but this would still be among the next highest ranked review standard under LC 4610.5(2). ACOEM states a referral can be made to other specialists "when the plan or course of care may benefit from additional expertise." The request for the consultation appears to be in accordance the ACOEM guidelines.