MAXIMUS Federal Services

Case Number:	CM13-0022447		
Date Assigned:	03/21/2014	Date of Injury:	12/14/2006
Decision Date:	08/18/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal Medicine, has a subspecialty in Spinal Surgery, and is licensed to practice in New York. 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:

The patient is a 56-year-old who sustained an injury on December 14, 2006. The patient has been followed for ongoing chronic low back pain following lumbar fusion procedures at L3-4 and L4-5 performed in April of 2012. The patient is noted to have other medical conditions to include depression and hypertension. Medications have included the use of Avinza, Tramadol, Gabapentin, and Flexeril for pain. The patient was seen by [redacted] on September 30, 2013 with persistent complaints of low back pain. The patient's pain scores had ranged from 7-9/10 in severity. At this visit, pain scores were not reported. The patient was pending possible injections which had been recommended by a [redacted]. The patient was utilizing a lumbar brace; however, this had worn out and the patient was requesting a new brace. On physical examination, there was loss of lumbar range of motion on flexion and extension. The patient ambulated with a stooped gait that was slightly antalgic. At this visit, Avinza 30mg every 12 hours was prescribed along with Norco 10/325mg increased to every 6-8 hours as needed for breakthrough pain. Prilosec 20mg was continued as well as Gabapentin 600mg for neuropathic pain. Other medications recommended include Flexeril 7.5mg, Remeron 15mg, Trazadone 50mg, and Tramadol ER 150mg. The patient was recommended to be referred to [redacted] for injections. The patient had been recommended and was approved for individual psychotherapy. Follow up with [redacted] on October 30, 2013 indicated the patient was substantially limited functionally with minimal ability to tolerate standing, walking, or sitting. The patient continued to describe sleep issues and depression symptoms. Pain scores were not provided at this evaluation. The patient's physical examination again noted tenderness to palpation in the lumbar spine with limited range of motion. Follow up with [redacted] on December 3, 2013 indicated the patient's pain scores ranged from 8-10/10 in severity. The patient described being able to perform some activities of daily living. Physical examination was limited with tenderness to

palpation reported in the lumbar spine. The patient was seen by [redacted] on January 3, 2014 for continuing severe complaints of pain in the low back 10/10 on the VAS. On physical examination, the patient demonstrated continued limited range of motion in the lumbar spine with tenderness to palpation. No evidence of sacroiliac joint dysfunction was noted. No neurological deficits were indicated. The patient was recommended for psychological clearance regarding a possible spinal cord stimulator trial to address failed back surgery symptoms. Follow up with [redacted] on January 7, 2014 reported no change in the patient's symptoms. Physical examination was unchanged at this evaluation. The patient was recommended to continue with medications. Follow up with [redacted] on February 7, 2014reported continuing severe 8-9/10 pain in the low back radiating to the lower extremities. The patient did report some benefit from the use of Gabapentin. Flexeril also helped decrease intensity and frequency of spasms. The patient was still able to do some activities of daily living. The patient also reported some benefits with the use of Trazadone. On physical examination, there continued to be loss of lumbar range of motion. [redacted] did recommend further epidural steroid injections. Follow up with [redacted] on March 7, 2014 indicated the patient had been approved for further individual psychotherapy. The patient was still pending a spinal cord stimulator trial. The patient continued to have difficulties with any standing, sitting, or walking of any length of time. Pain scores were still 8-10/10 on the VAS. [redacted] did indicate that with medications these pain scores did reduce to 4-5/10. The treating provider has requested a comprehensive metabolic panel, a complete blood count, urinalysis, back brace purchase, hot and cold pack rental, Norco 10/325mg #90, Avinza 30mg #60, Prilosec 20mg #60 x 1 refill, Neurontin 600mg #90 x 1 refill, Percocet 10mg #90, Remeron 15mg #90, Trazadone 50mg #60, Flexeril 7.5mg #60, Tramadol ER 150mg #60, and Medrox patches #20, liver testing, kidney testing, cane (purchase), Electromyography (EMG), and Nerve Conduction Study (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel (CMP): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regards to the request for a comprehensive metabolic panel, the study is medically necessary based on the clinical documentation provided as well as guideline recommendations. The patient has been utilizing multiple medications for pain to include anti-inflammatories, narcotics, and muscle relaxers. Given the long term use of these medications documented in the clinical record, guidelines would have recommended a comprehensive metabolic panel in order to rule out any damaging side effects from chronic medication use. Therefore, the request for a CMP is medically necessary and appropriate.

Complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Indications for a CBC.

Decision rationale: In regards to the request for a complete blood count, this reviewer would not have recommended this laboratory study as medically necessary based on the clinical documentation provided for review as well as guideline recommendations. The patient did not present with any clear objective findings concerning possible infections that would have reasonably required a complete blood cell count. Therefore, the request for a CBC is not medically necessary or appropriate.

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regards to the request for a urinalysis panel, this study is recommended as medically necessary based on the patient's long history of narcotics and anti-inflammatory use. Urinalysis would have been reasonably required in order to establish the patient's renal function in the clinical setting of extended chronic medication use. Therefore, the request for urinalysis is medically necessary and appropriate.

Back brace (for purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, 18th edition (2013 web) Low Back Section - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: In regards to the request for a lumbar brace purchase, this durable medical equipment is not recommended as medically necessary based on the clinical documentation submitted as well as current evidence based guidelines. According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, low back brace use has not been found to be effective for chronic low back pain. There is no evidence in the clinical literature to establish that the use of lumbar bracing addresses or prevents chronic low back pain. There was also no indication from the clinical

record that the patient had obtained any substantial benefit with prior low back brace use. Therefore, the request for a back brace (for purchase) is not medically necessary or appropriate.

Hot and cold wrap (rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 18th edition (2013 web) Low Back Section - Cold/Heat packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: In regards to the use of a hot and cold wrap rental, this durable medical equipment is not recommended as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. There is no indication from the clinical literature to establish that hot and cold therapy utilizing any particular machine results in any substantial functional improvement in the treatment of chronic low back pain. There is no evidence that motorized hot and cold therapy is any more beneficial than standard hot and cold packs available over the counter. Therefore, the request for a hot and cold wrap (rental) is not medically necessary or appropriate.

Norco 10/325 mg ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Ongoing management. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the requested use of Norco 10/325mg, quantity 90, this medication is not recommended as medically necessary for ongoing use. The most recent clinical records from [redacted] did note improvement in the patient's pain scores with the use of narcotic medications; however, the clinical documentation overall does not identify any substantial functional benefit obtained with this medication. Furthermore, there is no documentation regarding any compliance testing to include toxicology results or any long term opioid risk assessments which would be recommended for these medications per guidelines. As there is no clear functional benefit obtained with the use of Norco, the request for Norco 10/325 mg ninety count is not medically necessary or appropriate.

Avinza 30mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and On-Going Management. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The most recent clinical records from [redacted] did note improvement in the patient's pain scores with the use of narcotic medications; however, the clinical documentation overall does not identify any substantial functional benefit obtained with this medication. Furthermore, there is no documentation regarding any compliance testing to include toxicology results or any long term opioid risk assessments which would be recommended for these medications per guidelines. As there is no clear functional benefit obtained with the use of Avinza, the request for Avinza 30mg, sixty count with one refill is not medically necessary or appropriate.

Prilosec 20mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation PDR.net.

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

Decision rationale: There was no indication from the clinical reports that the patient had any substantial side effects with medication use to include gastrointestinal upset or any documentation for a diagnosis of gastroesophageal reflux disease which would have supported the use of this medication. Therefore, the request for Prilosec 20mg, sixty count with one refill is not medically necessary or appropriate.

Neurontin 600mg, ninety count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs) Page(s): 18. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-19.

Decision rationale: The patient has had ongoing complaints of chronic low back pain radiating to the lower extremities. The patient has continued to have these symptoms following a lumbar fusion procedure. Given the ongoing chronic radicular symptoms in the lower extremities, Neurontin would be a recommended 1st line medication to address these symptoms. Therefore, the request for Neurontin 600mg, ninety count with one refill is not medically necessary or appropriate.

Percocet 10mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Ongoing management. Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria Page(s): 88-89.

Decision rationale: The most recent clinical records from [redacted] did note improvement in the patient's pain scores with the use of narcotic medications; however, the clinical documentation overall does not identify any substantial functional benefit obtained with this medication. Furthermore, there is no documentation regarding any compliance testing to include toxicology results or any long term opioid risk assessments which would be recommended for these medications per guidelines. As there is no clear functional benefit obtained with the use of Percocet, therefore the request for Percocet 10mg sixty count is not medically necessary or appropriate.

Remeron 15 mg, sixty count: Overturned

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

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

Decision rationale: The patient has been followed for a long history of chronic depression secondary to chronic pain. The patient was receiving individual psychotherapy for which Remeron was being used in adjunct. The patient did report some improvements psychologically with the use of Remeron. Therefore, the request for Remeron 15 mg, sixty count is medically necessary and appropriate.

Trazodone 50mg, sixty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net and Official Disability Guidelines, 16th edition (2011 web) Pain - Antidepressants for Chronic Pain.

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

Decision rationale: The patient is noted to have had ongoing difficulty with sleep secondary to chronic low back pain and radicular pain. This was somewhat improved with the use of Trazadone. Given the documented efficacy of Trazadone in the clinical record, the request for Trazodone 50mg, sixty count is medically necessary and appropriate.

Flexeril 7.5mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL). Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request for Flexeril 7.5mg, sixty count is not medically necessary or appropriate.

Tramadol ER 150mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - TRAMADOL (ULTRAM). Decision based on Non-MTUS Citation PDR.net.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The most recent clinical records from [redacted] did note improvement in the patient's pain scores with the use of narcotic medications; however, the clinical documentation overall does not identify any substantial functional benefit obtained with this medication. Furthermore, there is no documentation regarding any compliance testing to include toxicology results or any long term opioid risk assessments which would be recommended for these medications per guidelines. As there is no clear functional benefit obtained with the use of Tramadol, the request for Tramadol ER 150mg, sixty count is not medically necessary or appropriate.

Medrox patches, twenty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral medications. Therefore, the request for Medrox patches, twenty count is not medically necessary or appropriate.