

Case Number:	CM13-0023508		
Date Assigned:	12/11/2013	Date of Injury:	01/29/2004
Decision Date:	01/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 56-year-old male who reported an injury on 01/29/2004. The patient is currently diagnosed with cervical disc displacement, lumbar disc displacement without myelopathy, lumbar spinal stenosis, neck pain, unspecified major depression, generalized anxiety disorder, acute stress and degeneration of lumbar intervertebral disc. The patient was seen by [REDACTED] on 11/21/2013. The patient reported chronic low back pain with right knee pain. The patient also reported radiating pain to the bilateral lower extremities. Physical examination revealed no acute distress and an antalgic gait. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Six physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (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 and range of motion and can

alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the clinical notes submitted, the patient's injury was nine years ago to date. It is unknown as to whether the patient has previously participated in a physical therapy or a home exercise program. Physical examination does not reveal a significant musculoskeletal or neurological deficit that would respond to skilled physical medicine treatment. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Documentation of a satisfactory response to treatment has not been indicated. The patient continues to report low back pain with radiation to the lower extremities as well as right knee pain. As the guidelines do not recommend the long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs), the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond Non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of this medication may lead to dependence. As per the clinical notes submitted, there is no indication of muscle spasms or spasticity for this patient. Furthermore, there was no indication of a satisfactory response to treatment despite ongoing use of a muscle relaxant. As guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report lower back pain with lower extremity symptoms as well as right knee pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

DSS 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale:

Six prescription refills of Senokot 8.6-50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale:

Miralax powder packets 17gm #900: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that prophylactic treatment of constipation should be initiated along with opioid therapy.

The Official Disability Guidelines state that first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration by drinking enough water and advising the patient to follow a proper diet that is rich in fiber. As per the clinical notes submitted, there is no mention of chronic constipation in the submitted documentation. There was also no evidence of a failure to respond to first-line treatment prior to the initiation of a prescription medication. The medical necessity has not been established. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.