

Case Number:	CM13-0035226		
Date Assigned:	12/13/2013	Date of Injury:	10/05/2000
Decision Date:	03/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida and Maryland. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61 year-old male injured 10/05/2000 when he incurred a slip and fall injury, falling backward and striking his neck and left shoulder on an object. There was a possible loss of consciousness with injury to neck left shoulder, left upper extremities and left knee. He continues to complain of pain in his neck, hip and shoulder and has pain in the upper extremities as well as spine. Diagnoses: neuropathic pain syndrome, morbid obesity; pain in the groin; cervicalgia; left hand pain; carpal tunnel syndrome; low back pain radiating to both legs; narcotic dependence; headache; pelvic pain (at donor site for cervical fusion); abdominal pain, left lower quadrant; diabetes mellitus type 2; chest pain, posterior left- "c" around scapula; sleep apnea; trigger finger; radiculopathy affecting upper left extremity; and radicular pain of thoracic region. According to Progress Notes dated 8/29/13 by [REDACTED], the patient was seen for continued management of chronic pain. Overall, the neck pain had improved. The patient had seen a neurosurgeon and reported that the pain was not due to an equipment failure. But perhaps due to a strain. The patient reports that since doubling of gabapentin and baclofen, the pain had been better controlled. Functionally, the patient reported of feeling quite limited but overall was able to do more. The patient was using a walker more often, but was limited to only walking for about 5 minutes at a time before having to stop "212" pain. The pain was primarily in the hip, which the patient reported was due to the bone graft harvesting for neck surgery (date of surgery was not documented), and also neck and more recently left shoulder pain with continued use of the left shoulder. The patient was interested in water therapy and massage in order to gain strength and try and control more of the pain. The patient also complained of pain in the tongue, occurred randomly throughout the day. It was not associated with any oral intake, and did go away with ingestion of cold water. On examination, the patient was comfortable, alert, cooperative, and obese. The patient was bright and talkative without overt depression. There was tenderness to palpation along the cervical spine. Strength was 5/5 in bilateral upper extremities,

although grimaced with pain during exam. The patient's height and weight were not documented in this report. Current medications included baclofen 10 mg two tablets PO TID for muscle spasm; dapsone 100 mg, 50 mg PO BID; donepezil 10 mg PO QD in the evening; gabapentin 600 mg two tablets PO TID for pain; glipizide 10 mg PO TID; L-methylfolate 15 mg PO QD; lamotrigine 100 mg, 200 mg PO BID; lisinopril 40 mg one tablet PO QD; "Daplin" one-half tablet BID (medication help); modafinil 200 mg PO, two tablets in the AM and one tablet at 1300; oxycodone-acetaminophen 5-325 mg one tablet PO TID; and simvastatin 20 mg PO QD in the evening. The patient was status post cervical spine surgery. The date of surgery was not documented. Diagnoses were morbid obesity; neuropathic pain syndrome; pain in the groin; cervicalgia; left hand pain; carpal tunnel syndrome; low back pain radiating to both legs; narcotic dependence; headache; pelvic pain (at donor site for cervical fusion); abdominal pain, left lower quadrant, rule out intraabdominal issues as pain generator; diabetes mellitus type 2; chest pain, posterior left- "c" around scapula; sleep apnea; trigger finger; radiculopathy affecting upper left extremity; and radicular pain of thoracic region. Treatment plan was to decrease gabapentin and baclofen by one half Intermittently, seeing if patient had benefit of one medication over another for pain control, or if reducing both medications resulted in the same level of pain control. Water therapy referral and massage therapy prescriptions were given today. The patient was also recommended to continue oxycodone/acetaminophen (APAP) at current dose and work on decreasing this medication next as long as pain was controlled and function continued to improve. Previous water therapy and massage therapy attended was not documented in the clinical records submitted. This is a review of medical necessity for water therapy, massage therapy, oxycodone/APAP, baclofen, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Therapy: 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 Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding aquatic therapy, the guidelines recommended this type of physical therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The patient has a BMI of 38.1, (Obesity) and extreme obesity is defined as BMI greater than 40. This patient did not meet the guideline criteria for aquatic therapy. Not been defined as being extremely obese. Therefore the request for aquatic therapy is not medically necessary.

Massage Therapy: 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 300, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The provider has requested for 6 Massage therapy sessions, and this is not consistent with the recommended guidelines. According to the CA-MTUS guidelines, massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. There is no mention of functional gain attained from physical therapy used in the past with massage treatment. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Furthermore, there is no documentation of ongoing exercise program. Therefore the request for 6 sessions of Massage therapy is not medically necessary.

Oxycodone 5/325mg one tablet PO TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 26, 76-77, 82.

Decision rationale: With respect to (Oxycodone/Acetaminophen), the guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for 200 Tylenol with codeine #4 is not medically necessary.

Baclofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63, 64, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: With respect to the request for Baclofen, CA-MTUS and ODG guideline recommended non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP, and to use with caution in patients with renal and liver impairment.

Based on clinical findings and the lack of efficacy of this medication in long term use. Therefore the request for Baclofen is not medically necessary and appropriate.

Gabapentin 300mg, twice a day #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Pain(Chronic)(Updated 1/7/2014) Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants.

Decision rationale: The request for the Gabapentin 300mg, twice a day, #60 with 2 refills was modified to Gabapentin 300mg, twice a day, #40 with no refills to allow for a presentation of a treatment plan that outlines the reduction and discontinuation of the medication by the previous UR physician due to lack of functional improvement while taking these medications. According to medical record dated 10/3/2013, the treating physician stated: "The patient current pain medications are gabapentin 1200mg TID, baclofen 20mg TID, Percocet sometimes up to 4-5 times a day when his L shoulder is bothering him. Is reporting some increased somnolence since increasing the medication, and reports changing around his doses of Provigil to help combat this. Patient will experiment with decreasing gabapentin and baclofen by one half intermittently, seeing if he has benefit of one medication over another for pain control, or if reducing both medications results in the same level of pain control". The guideline supports the use of gabapentin only if there is evidence of functional improvements being made. It is not recommended to wean more than one medication at a time and opioids are still recommended to be weaned first. Therefore the request for Gabapentin 300 mg #60 plus 2 refills is not medically necessary.