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| Case Number: | CM13-0050299 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/07/2012 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Internal Medicine, Pulmonary Diseases 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:

The patient is a 47-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not provided for review. The patient had chronic low back pain that significantly impaired his ability to ambulate. Prior treatments included medications, epidural steroid injections and physical therapy. It was documented that the patient previously participated in aquatic therapy, to include water walking. The patient's most recent clinical examination revealed that the patient had 7/10 to 9/10 pain. The patient's medication schedule included trazodone 50 mg, naproxen 500 mg, MSLA 4 per day, 60 mg MSIR up to 4 times a day and Topamax 100 mg. The patient's physical findings included ambulation with the assistance of a walker, extreme scoliosis to the left midthoracic, a midline surgical scar from L3-5, muscle spasms throughout the thoracic and lumbar regions, tenderness to the sacroiliac joint bilaterally, a positive straight leg raise test bilaterally and decreased muscle strength bilaterally. The patient's diagnoses included chronic thoracolumbar pain syndrome, thoracic compression fractures and bilateral posterior leg pain as well as weakness of the right leg, a small disc herniation from T11-12, degenerative disc disease of the lumbar spine at multiple levels, multiple level arthropathy and facet degeneration and status post lumbar surgery at 2 levels in 1994. The patient's treatment plan included an autonomous water therapy program with physical therapy supervision, epidural steroid injections at T11-12 and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Pain Chapter, Insomnia Treatments

Decision rationale: The requested Trazodone 150 mg is not medically necessary or appropriate. The Official Disability Guidelines do recommend the use of this medication for insomnia treatment related to chronic pain. However, the clinical documentation submitted for review did not provide an adequate assessment of the patient's sleep hygiene to support the efficacy of this medication. As the patient has been on this medication for an extended duration, continued use cannot be determined. As such, the requested Trazodone 150 mg is not medically necessary or appropriate

MSLA 100mg: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested MSLA 100 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, managed side effects, evidence of functional benefit and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient receives significant pain relief from the prescribed medications. There is no documentation that the patient is monitored for medication compliance, and there is no documentation that the patient has significant functional benefit as it is related to the medications. As such, the requested MSLA 100 mg is not medically necessary or appropriate

MSIR 60mg: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The requested MSIR 60 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the continued use of opioids in the management of a patient's chronic pain be

supported by a quantitative assessment of pain relief, managed side effects, evidence of functional benefit and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient receives significant pain relief from the prescribed medications. There is no documentation that the patient is monitored for medication compliance, and there is no documentation that the patient has significant functional benefit as it is related to the medications. As such, the requested MSIR 60 mg is not medically necessary or appropriate.

Topamax 100mg: 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 Antiepilepsy drugs (AEDs) Page(s): 60,61.

Decision rationale: The Physician Reviewer's decision rationale: The requested Topamax 100 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the use of medications for the management of chronic pain be supported by a quantitative assessment of pain relief to support efficacy and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or functional benefit related to medication usage. Therefore, the continued use of Topamax would not be indicated. As such, the requested Topamax 100 mg is not medically necessary or appropriate.

. Naproxen 500mg: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60,67.

Decision rationale: The Physician Reviewer's decision rationale: The requested Naproxen 500 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the use of medications for the management of chronic pain be supported by a quantitative assessment of pain relief to support efficacy and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or functional benefit related to medication usage. Therefore, the continued use of Naproxen would not be indicated. As such, the requested naproxen 500 mg is not medically necessary or appropriate.

Tramadol 50mg: 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 Opioids, On-Going Therapy Page(s): 78.

Decision rationale: The requested Tramadol 50 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, managed side effects, evidence of functional benefit and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient receives significant pain relief from the prescribed medications. There is no documentation that the patient is monitored for medication compliance, and there is no documentation that the patient has significant functional benefit as it is related to the medications. As such, the requested Tramadol 50 mg is not medically necessary or appropriate

Series of 3 T11-12 epidurals: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested series of three T11-12 epidurals is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously had an epidural steroid injection at this site that provided 50% pain relief. The California Medical Treatment Utilization Schedule recommends repeat injections for patients who have functional benefit and pain relief of 50% or more for a period of 6 to 8 weeks or longer. The clinical documentation submitted for review does not specifically identify the duration of pain relief that the patient experienced. Additionally, there is no documentation of specific functional benefit related to the prior injections. Additionally, the California Medical Treatment Utilization Schedule does not recommend a series of 3 injections. As such, the requested series of three T11-12 epidurals is not medically necessary or appropriate.

Autonomous water therapy program with physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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 and Physical Medicine Page(s): 22, 98-99.

Decision rationale: The Physician Reviewer's decision rationale: The requested autonomous water therapy program with physical therapy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into

a home exercise program to maintain improvement levels obtained during skilled physical therapy. The California Medical Treatment Utilization Schedule does recommend aquatic therapy for patients who would benefit from a nonweightbearing environment. The clinical documentation submitted for review does provide evidence that the patient has significant pain causing disruption in ambulation patterns that would benefit from a nonweightbearing environment while participating in an active therapy program. However, as the patient has previously received supervised skilled therapy and should be well-versed in a water therapy program, the need for additional supervision is not established. Therefore, an autonomous water therapy program with physical therapy is not medically necessary or appropriate.