

Case Number:	CM13-0053496		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2008
Decision Date:	04/15/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 was a 52-year-old female who was injured on August 26, 2008. The patient continued to experience back pain that radiated to her lower extremities and neck pain that radiated to her upper extremities. Physical examination showed lumbar paraspinal muscle spasm, cervical paraspinal muscle spasm, decreased range of motion to the lumbar and cervical spine, spinal vertebral tenderness at L4-S1 and C4-7, and decreased sensation to touch in bilateral upper extremities. Diagnoses included fibromyalgia, lumbar radiculopathy, cervical radiculopathy, and status post lumbar fusion with subsequent removal of hardware. Treatment included physical therapy, aqua therapy, lumbar fusion, epidural steroid injection, acupuncture, and medications. Requests for authorization for aquatic therapy (cervical and lumbar), pantoprazole 20 mg # 60, Topamax 25 mg # 30, tizanidine 4 mg, # 30, and transportation were submitted on October 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy (cervical and lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Aquatic therapy; Preface Physical therapy guidelines.

Decision rationale: Aquatic therapy is recommended 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The recommended number of supervised visits is the same as those recommended for physical therapy. As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency. Recommended number of visits is 8-10 visits over 9 weeks. In this case, the patient had received aqua therapy with relief of pain in November 2012. There is no documentation that the patient achieved functional improvement. She was unable to return to work and she was still using the same pain medications. In addition, the patient had not progressed to a regular exercise program. Medical efficacy is not established.

Prescription for retrospective/prospective usage of Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 10/14/13).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event.

Prescription for retrospective/prospective usage of Topamax 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary, Topamax.

Decision rationale: Topamax is an antiepileptic drug. Antiepileptic drugs are recommended for neuropathic pain, but there is insufficient evidence to recommend antiepileptic drugs for axial low back pain. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the patient was already taking gabapentin, which is an antiepileptic drug, and continuing to experience 7/10 pain. In addition, the ODG formulary does not recommend Topamax as a first line drug without preauthorization. The Topamax is not authorized.

Prescription for retrospective/prospective usage of Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 10/14/13).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient had been taking the tizanidine since at least February 2012 and was continuing to experience 7/10 pain. The efficacy of the medication is not established and is not recommended.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins Number: 0218, Subject: Home Health Aides Policy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual, Chapter 10

Decision rationale: ODG and MTUS do not comment on transportation. Medicare guidelines refer only to ambulance transport. Per Medicare medical necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated. In this case, there is no documentation of medical necessity that would establish the need for transportation. There is no documentation in the medical record that the patient is not ambulatory

or that personal means of transportation are not available. The request for transportation is not recommended.