

Case Number:	CM13-0056557		
Date Assigned:	04/16/2014	Date of Injury:	03/25/1997
Decision Date:	06/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine 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 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:

This is a 52-year-old male who has reported low back pain after an injury on March 25, 1997. He has been diagnosed with chronic postoperative pain, lumbar postlaminectomy syndrome, lumbago, and lumbar radiculopathy. X-ray studies of the lumbar spine and the pelvis on November 07, 2011 showed femoral acetabular impingement. Treatment has included Norco, Oxycontin, and Soma on a chronic basis. The injured worker underwent an L4-S1 fusion in June 2011. The treating physician reports ongoing, multifocal pain, ongoing use of the same medications, and acupuncture treatments. On August 15, 2013, it is stated that Oxycontin had been stopped previously. Oxycontin was continued at this visit. On October 17, 2013, there was ongoing back and lower extremity pain, worse with activity. Sleep was poor. Medications and acupuncture alleviated his pain. Physical examination showed pain, limited range of motion, and non-specific sensory deficits. The treatment plan included continued Oxycontin, Norco, Soma, Senna, Lunesta, and Celebrex; physical therapy of the lumbar spine 2-3 times a week for 4-6 weeks, and acupuncture treatments for low back pain, 4 sessions. Work status was "totally disabled".

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG, #60, ONE TABLET TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines There is no evidence that the treating physician is prescribing opioids according to the Califor.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the California MTUS Guideline, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in the medical records. The treating physician stated in one report that the injured worker had stopped Oxycontin, yet continued to prescribe it without any stated rationale. According guidelines, opioids are minimally indicated, if at all, for chronic non-specific back pain. Aberrant use of opioids is common. The prescribing physician describes this patient as totally disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. Based on the failure of prescribing according to the California MTUS Guideline, the apparent lack of use by the injured worker, and the lack of specific functional benefit, Oxycontin is not medically necessary.

NORCO 10/325MG, #60, ONE TABLET TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 77-94.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the California MTUS Guidelines, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in the medical records. According to the California MTUS Guidelines, opioids are minimally indicated, if at all, for chronic non-specific back pain. Aberrant use of opioids is common in this population. Drug testing results have not been presented or discussed. The prescribing physician describes this patient as totally disabled. Based on the failure of prescribing according to the California MTUS Guidelines, and the lack of specific functional benefit, the request is not medically necessary.

SOMA 350MG, #120, ONE TABLET FOUR TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma; 1/2), muscle relaxants Page(s): 29, 63.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term

exacerbations of chronic low back pain (LBP). The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups. There are not any reports that show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Soma is not recommended for chronic pain do to its habituating and abuse potential. According to the California MTUS Guidelines, the request is not medically necessary.

LUNESTA 2MG, #30, ONE TABLET EVERY DAY AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Insomnia Treatment, and the website drugs.com.

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 and Other Medical Treatment Guideline or Medical Evidence: Ramakrishnan K, Scheid DC. Treatment options for insomnia. Am Fam Physician. 2007 Aug 15;76(4)517-26.

Decision rationale: The California MTUS Guidelines do not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep. Lunesta, a benzodiazepine agonist, is habituating and recommended for short-term use only. This injured worker has been given a hypnotic for a duration in excess of what is recommended in the guidelines. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Lunesta is not medically necessary based on lack of a sufficient analysis of the patient's condition, and overuse of habituating and psychoactive medications without clear benefit or indication. Therefore, the request is not medically necessary.

CELEBREX 200MG, #30, ONE TABLET TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-68..

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, medications should be trialed one at a time, and there should be functional improvement with each medication. There are not any reports that show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and California MTUS Guidelines recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and California MTUS Guidelines. The patient's blood pressure is high and the treating physician has not discussed this. Celebrex carries an elevated risk of cardiovascular side effects, and may not

be the best choice for this injured worker. The patient remains "totally disabled", indicating profound disability, inability to perform even basic activities of daily living, and a failure of all treatment to date. The California MTUS Guidelines do not recommend chronic NSAIDs for back pain; NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. Celebrex is not medically necessary based on the lack of specific functional and symptomatic benefit, and prescription not in accordance with the California MTUS Guidelines and the FDA warnings.

PHYSICAL THERAPY, 2-3 TIMES A WEEK FOR 4-6 WEEKS, FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. According to the Chronic Pain Medical Treatment Guidelines, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The current physical therapy prescription exceeds the quantity recommended in the California MTUS Guidelines. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend physical therapy, as the injured worker is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. "Totally disabled" status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Physical Medicine as prescribed is not medically necessary based on the California MTUS Guidelines, lack of sufficient emphasis on functional improvement, and a quantity of visits, which exceeds the California MTUS Guideline recommendation.

FOUR (4) SESSIONS OF ACUPUNCTURE FOR LOW BACK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of acupuncture was prescribed in May 2013. Since the last acupuncture prescription, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. The goal of all treatment for chronic pain is functional improvement. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Improvement must be "clinically significant". The injured worker remains on "totally disabled" status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic activities of daily living. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. Additional acupuncture is not medically necessary based on lack of functional improvement.