MAXIMUS Federal Services

Case Number:	CM13-0058960		
Date Assigned:	12/30/2013	Date of Injury:	09/25/1991
Decision Date:	04/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/27/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 60 year old man with a date of injury of 9/25/91. He was seen by his primary treating physician on 11/14/13. He had complaints of back pain going down his left leg as well as bilateral lower extremity pain. He had improved quality of life and poor sleep and no evidence of medication dependency. He did have side effects of the medications including constipation, dizziness, drowsiness and insomnia. His physical exam as significant for a wide based slow gait. He had spam and trigger points of his paravetebral musculature. He had positive straight leg raises and reduced lumbar spine range of motion. His diagnoses included postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis and myofascial pain syndrome. Medication refills were ordered including Ibuprofen, Soma, Valium, Zantac, Oycodone and Methadone. 12 physical therapy(PT) visits were also prescribed. Many of the medications and PT are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding physical medicine allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this case, physical therapy has already been used as a modality and a self-directed home program should be in place. The request for 12 physical therapy sessions is not medically necessary and appropriate.

OXYCONTIN 40 MG, Q12HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines for opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The treating physician documents that the patient has side effects from medications and and that he is also taking methadone, another opiod analgesic. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The Oxycontin 40 mg, Q12HRS is not medically necessary and appropriate.

SOMA 350MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. Carisoprodol (SomaÂ®) is not recommended or indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The request for Soma 350 mg # 90 is not medically necessary and appropriate.

VALIUM 10 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: MTUS Guidelines does not recommend Valium for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker has chronic back pain with an injury sustained in 1991. Medical records indicates that the patient course of treatment has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and benzodiazepenes. The request for Valium 10 mg # 90 is not medically necessary and appropriate.

ZANTAC 150MG BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Up to date: ranitidine drug information

Decision rationale: Ranitidine is an H2 receptor antagonist that is used to treat ulcers, gastroesophageal reflux disease and esophagitis. The clinical notes do not document a clinical indication or symptoms to justify this medication. The patient's abdominal exam was normal. He is taking a NSAID but does not have an increase risk of gastrointestinal events. The request for Zantac 150 mg BID is not medically necessary and appropriate.