

Case Number:	CM14-0005964		
Date Assigned:	02/05/2014	Date of Injury:	05/06/2009
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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:

The patient is a 35 year old female who was injured on 5/06/2009. The mechanism of injury is unknown. Prior treatment history has included MS-Contin 15 mg, ibuprofen 800 mg, Neurontin 300 mg, MSIR 15 mg. The patient underwent a lumbar epidural steroid injection on 01/21/2014, 08/20/2013, and 04/16/2013. PR2 dated 12/18/2013 reports the patient presents with complaints of low back pain and bilateral lower extremity pain. The patient denies any new symptoms and the patient reports she is taking her medications. She reports pain level rated at 7-9/10, frequently flared to 9/10 for low back pain and bilateral lower extremities pain which radiates primarily to the left although. On exam, she has mild diffuse lumbosacral pain extending in the bilateral SI joints. Her gait is antalgic and the patient is using a cane for ambulation on today's visit. She has positive on bilateral straight leg raise test. There is 75% reduction in lumbar flexion, 90% reduction in lumbar extension and 90% reduction in lumbar side to side flexion bilaterally; all exacerbate soreness today on e day post procedure. Cervical spine exhibits 25% reduction of motion in all planes. Diagnoses are chronic low back pain, bilateral lower extremity pain, lumbar degenerative disc disease, and thoracic degenerative disc disease. The patient is instructed to continue with heat, ice, reset and gentle stretching and exercise. PR2 dated 11/14/2013 indicates the patient presents with complaints of constant low back pain rated at 6/10. She has pain in both legs and difficulty walking due to this and reports that she is gradually getting worse. She uses a cane to ambulate. She also has some mid spine pain that wraps around to the front, but the low back pain is more bothersome. On exam, she has mild diffuse lumbosacral pain extending in the bilateral SI joints. Her gait is antalgic and the patient is using a cane for ambulation on today's visit. She is positive on bilateral straight leg raise test. There is 75% reduction in lumbar flexion, 90% reduction in lumbar extension and 90% reduction in lumbar side to side flexion bilaterally; all exacerbate soreness today on e day post procedure.

Cervical spine exhibits 25% reduction of motion in all planes. Prior UR dated 12/30/2013 indicates MSIR 15 mg, Mag Ox 400 mg, Gabapentin 600 mg, ibuprofen, one Hurry Cane, 2 occupation therapy visits, Flector patch #90 with 2 refills, MS-Contin 30 mg #270 were all denied approval due to lack of documentation demonstrating functional improvement and/or improvement in pain. A Hurry cane is not necessary unless current cane is damaged or needs to be replaced. Ongoing management of opioid use should document pain relief, functional status, side effects and appropriate medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15MG #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Morphine is recommended for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. Long-term use depends on evidence of functional improvement and pain reduction. The patient is a 35 year old female with chronic back pain, bilateral lower extremity pain, and lumber degenerative disc disease attributed to an injury on 5/6/09. Medical records cite a reduction in pain due to opioid use but fail to document clinically significant improvement due to opioid use in terms of function, as measured by ADL's or work restrictions. There certainly does not appear to have been any overall improvement since the patient's date of injury, and there has been no reduction in the dependency on medical care. Medical necessity is not established.

MAG OX 400MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Induced Constipation Treatment..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, opioid-induced constipation treatment is recommended. However, medical necessity for ongoing opioid use is not established. Therefore, medical necessity for treatment of opioid-induced constipation is not established.

GABAPENTIN 600MG #135 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: According to the CA MTUS guidelines, Gabapentin is recommended for the treatment of moderate to severe neuropathic pain. The patient is a 35 year old female with chronic back pain, bilateral lower extremity pain, and lumbar degenerative disc disease attributed to an injury on 5/6/09. Lumbar radiculopathy is diagnosed, but physical examination findings provided are inconsistent, and no lumbar diagnostics are provided for review. Further, medical records cite a reduction in pain due to medication use, but records fail to document clinically significant improvement due to Gabapentin use in terms of function as measured by ADL's or work restrictions. There certainly does not appear to have been any overall improvement since the patient's date of injury, and there has been no reduction in the dependency on medical care. Medical necessity is not established.

IBUPROFEN 800MG #135 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

Decision rationale: According to the CA MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest duration possible in the treatment of osteoarthritis. NSAIDs are recommended for short-term symptomatic relief of chronic low back pain. Long-term use has been shown to delay wound healing and increases the risk of adverse events. The patient is a 35 year old female with chronic back pain, bilateral lower extremity pain, and lumbar degenerative disc disease attributed to an injury on 5/6/09. She is taking NSAIDs on a chronic basis. Medical records cite a reduction in pain due to medication use, but records fail to document clinically significant improvement due to NSAID use in terms of function, as measured by ADL's or work restrictions. There certainly does not appear to have been any overall improvement since the patient's date of injury, and there has been no reduction in the dependency on medical care. Medical necessity is not established.

1 HURRY CANE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The CA MTUD guidelines have not addressed the issue of dispute. According to the ODG, walking aids are most efficacious for persons with knee osteoarthritis. However the patient does not have documented knee osteoarthritis or pain. Panel QME on 5/20/13 opined that the patient's lumbar pathology did not warrant use of a cane. Further, lumbar radiculopathy is diagnosed, but physical examination findings provided are inconsistent, and no lumbar diagnostics are provided for review. In addition, no rationale is provided for the need of a "Hurry Cane" over a standard cane. Medical necessity is not established.

2 OCCUPATIONAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical medicine treatment, Walking Aids

Decision rationale: This appears to be a request for 2 occupational therapy visits for cane use instruction. However, as noted above, a cane is not clearly necessary in this case, and rationale for a need of "Hurry Cane" is not provided. Further, the patient presently uses a cane and should not require further instruction on its use. Medical necessity is not established.

FLECTOR PATCH #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, topical NSAIDs may be recommended for short-term treatment of osteoarthritis in joints amenable to topical treatment. Long-term use is not recommended. However, the patient appears to be prescribed this treatment on a chronic basis. Further, topical NSAIDs are not recommended for osteoarthritis of the spine. No rationale is provided for an exception to these recommendations. Medical necessity is not established.

MS CONTIN 30MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Morphine is recommended for the treatment of moderate to severe pain due to its availability, the range of doses offered, and its low cost. Long-term use depends on evidence of functional improvement and pain reduction. The patient is a 35 year old female with chronic back pain, bilateral lower extremity pain, and lumber degenerative disc disease attributed to an injury on 5/6/09. Medical records cite a reduction in pain due to opioid use, but fail to document clinically significant improvement due to opioid use in terms of function as measured by ADL's or work restrictions. There certainly does not appear to have been any overall improvement since the patient's date of injury, and there has been no reduction in the dependency on medical care. Medical necessity is not established.