

Case Number:	CM14-0013274		
Date Assigned:	02/26/2014	Date of Injury:	03/31/2008
Decision Date:	07/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; prior spine surgery at an unspecified point in time; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 29, 2014, the claims administrator denied a request for Robaxin, partially certified request for Hydrocodone, partially certified request for Keppra, denied request for Indocin, denied request for 12 sessions of physical therapy, denied an epidural steroid injection, denied a cortisone injection, denied a neurosurgery consultation, approved a request for Zoloft, partially certified Ultram, denied Trazodone, approved a heating pad, partially certified request for unknown amounts of massage therapy to six sessions of massage therapy, denied a request for TENS unit, denied a request for an RS body garment. Keppra was partially certified on the grounds that the applicant apparently needed periodic monitoring. A medical-legal evaluation of September 12, 2011 was notable for comments that the applicant was deemed totally temporarily disabled from a mental health standpoint. In a clinical progress note, dated December 14, 2013, the applicant presented with chronic low back pain. The applicant had had an earlier epidural. It was noted that the applicant did achieve temporary pain relief for a period of two to three weeks with epidural steroid injection therapy. The applicant was given diagnoses of back pain, depression, headaches, numbness, and reflux. The applicant was asked to employ heightened dosage of Zoloft for depression, continue Tramadol, continue Desyrel for depression and insomnia, employ Robaxin for pain relief, employ Lorcet for pain relief, and employ Keppra for neuropathic pain on the grounds that the applicant could not tolerate Lyrica or Neurontin. Indocin was also endorsed,

along with physical therapy, a heating pad, massage therapy, a TENS unit, and further epidural injection therapy. It noted that the applicant should consult a neurosurgeon for refractory back pain and that the applicant had had prior spine surgery in California. In an earlier note of July 17, 2013, it was noted that the applicant was pursuing physical therapy at that point in time. Zoloft, tramadol, Desyrel, Robaxin, Lorcet, Keppra, and Indocin were sought at that point in time. On January 20, 2012, the applicant was earlier described as using Ultram and was described as status post L5-S1 hemilaminectomy and fusion surgery. The applicant had evidence of arachnoiditis at L2-L3 noted on MRI imaging of May 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 550 MG, QTY: 90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. MTUS 9792.20f Page(s): 63.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that muscle relaxants such as Robaxin are recommended for short-term exacerbations of chronic pain. They are not recommended for chronic, long-term, sustained, and/or scheduled use purposes for which they are being proposed here. It is further noted that the applicant has already been using Robaxin for some time, despite the unfavorable recommendation. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is seemingly off work. The applicant remains highly reliant and highly dependent on numerous other analgesic and adjuvant medications, despite ongoing usage of Robaxin. Therefore, the request for Robaxin is not medically necessary due to a lack of functional improvement.

HYDROCODONE/APAP 7.5/650 MG, QTY: 40 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain. In this case, however, it does not appear that the applicant has returned to work. There is no evidence of improvements in pain achieved as a result of ongoing usage. The applicant is seemingly reporting heightened pain complaints as opposed to reduced pain complaints, despite ongoing usage. There is no mention of any

improvements in function. The attending provider has not discussed medication efficacy on any recent progress note provided. Therefore, the request is not medically necessary.

KEPPRA 500 MG, QTY: 60 WITH 3 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 Keppra section. MTUS 9792.20f Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines requires further research in experience. Keppra and related agents should be used to treat neuropathic pain only when other first-line agents such as Tegretol, Neurontin, and/or Lamictal cannot be used. The guidelines also state that underlying depression can be exacerbated by Keppra usage. In this case, the applicant does have underlying depressive issues. It is further noted that the request in question represents a renewal request for Keppra. The applicant has failed to demonstrate any lasting benefit or functional improvement through prior usage of the Keppra. The applicant is off work, and on total temporary disability. The applicant remains highly reliant and highly dependent on various medications and other forms of medical treatment, including epidural steroid injection therapy. Therefore, the request is not medically necessary.

INDOMETHACIN 25 MG, QTY 60 WITH 3 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 9792.20f. Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that anti-inflammatory medications such as Indocin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back reportedly present here. In this case, however, the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of the same. The applicant is off work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including epidural injections, opioid agents, antidepressants, etc. Therefore, the request is not medically necessary.

12 PHYSICAL THERAPY SESSIONS TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic. MTUS 9792.20f Page(s): 99.

Decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 9- to 10-session course recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, the applicant has had prior unspecified amounts of physical therapy treatment over the life of the claim. There has been no demonstration of functional improvement, which would support further treatment beyond the guideline. The applicant is seemingly off work. The applicant remains highly reliant and highly dependent on various medications, injections, etc. It is further noted in the ACOEM guidelines that it is incumbent upon the attending provider to furnish clear treatment goals for physical therapy. In this case, there is no clear rationale or goals for treatment. Therefore, the request is not medically necessary.

CORTISONE INJECTION TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. MTUS 9792.20f Page(s): 46.

Decision rationale: The applicant has had earlier cortisone and/or epidural steroid injections to the lumbar spine at various points during the life of the claim. The Chronic Pain Medical Treatment Guidelines state that pursuit of repeat blocks should be predicated on evidence of continued objective documented pain relief and functional improvement with earlier blocks. It is noted that pursuit of repeat blocks should be predicated on evidence of functional improvement and sustained pain relief with earlier blocks. In this case, however, there has been no demonstration of functional improvement or sustained pain relief achieved with earlier blocks. The applicant has seemingly failed to return to work. The applicant remains highly reliant and highly dependent on numerous analgesic, adjuvant, and psychotropic medications. The applicant has reported that earlier injections have yielded only three weeks of analgesia, at most. Pursuit of a repeat cortisone injection to lumbar spine is therefore not medically necessary, given the incomplete-to-poor response with earlier blocks.

EPIDURAL TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As noted previously, the applicant has had earlier epidural steroid injection and has failed to demonstrate any evidence of lasting pain relief or functional improvement with

earlier blocks. The Chronic Pain Medical Treatment Guidelines, however, functional improvement and lasting analgesia with earlier blocks are needed to justify subsequent blocks. In this case, the applicant is off work. The applicant remains highly reliant and highly dependent on numerous medications and other forms of medical treatment. The applicant achieved only three weeks of analgesia with the earlier block. Therefore, the request for a repeat epidural injection is not medically necessary.

CONSULTATION WITH NEUROSURGEON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the presence of persistent complaints which prove recalcitrant to conservative treatment should lead the primary treating provider to reconsider the operating diagnosis and determine whether specialist evaluation is necessary. In this case, the applicant has heightened pain complaints, has failed to return to work, and has failed to respond favorably to earlier injection therapy. ACOEM guidelines state that a referral for surgical consultation is indicated with applicants who have severe and disabling radicular complaints with clear clinical evidence of a lesion amenable to surgical repair. In this case, the applicant apparently has evidence of lesions amenable to surgical repair in the form of arachnoiditis and/or painful retained hardware status post earlier failed fusion surgery. For these reasons, the request for a neurosurgeon consultation is medically necessary.

ULTRAM 50 MG, QTY: 124, WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's pain complaints appear to be heightened, despite ongoing Ultram usage. The applicant has seemingly failed to return to work. It is further noted in the Chronic Pain Medical Treatment Guidelines that the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, no rationale for usage of two separate short-acting opioids, Ultram and Lorcet, was provided. Therefore, the request is not medically necessary.

TRAZODONE 150 MG, QTY: 45, WITH 3 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) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines 9792.20f.

Decision rationale: While the ACOEM Guidelines acknowledged that it might take weeks for antidepressants such as Trazodone to exert their maximal effect, in this case, however, the applicant has seemingly been using Trazodone for what amounts to several months to several years. There has been no clear evidence of reduction in anxiety, depression, improvement in function, improved ability to sleep, etc. achieved as a result of ongoing Trazodone usage. The applicant's pain and depressive symptoms appear to be heightened as opposed to reduced. There was no discussion of medication efficacy on any recent progress note provided. Therefore, the request is not medically necessary.

UNKNOWN SESSIONS OF LOW BACK MASSAGE, ULTRASOUND AND MUSCLE STIMULATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic topic. Physical Medicine topic. Massage Therapy topic Page(s): 123, 98-99, 60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that massage should be an adjunct to other recommended treatments, such as exercise, should be limited to 46 visits in most cases. It is further noted in the guidelines; endorse active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of an injury. The MTUS Chronic Pain Medical Treatment Guidelines further state that ultrasound, another modality being sought here, is not recommended in the treatment of chronic pain. Since none of the modalities being sought here are recommended in the Chronic Pain Medical Treatment Guidelines, the request is not medically necessary.

1 TENS UNIT TO THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the provision of and/or purchase of a TENS unit beyond one-month trial should be predicated on evidence of successful outcomes in terms of pain relief and function through said trial. In this case, however,

there has been no evidence that the applicant has completed successful one-month trial of the TENS device before authorization was sought to purchase the device in question. Therefore, the request is not medically necessary.

1 RS FULL BODY GARMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: The proposed full-body garment seemingly represents a form-fitting TENS device. However, since the TENS device itself was denied in the earlier question, the associated form-fitting device is likewise not indicated. It is further noted that the Chronic Pain Medical Treatment Guidelines state that form-fitting TENS devices such as the RS garment being proposed here are considered medically necessary only when there is a documentation that there is such a large area to be treated which requires stimulation that a conventional system cannot accommodate said treatment. In this case, however, there is no mention of the applicant's having such a large body area to be treated that a form-fitting garment would be needed. Therefore, the request is not medically necessary.