

Case Number:	CM14-0014109		
Date Assigned:	02/26/2014	Date of Injury:	04/15/2002
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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:

██████████ is a 66 year-old female with a reported date of injury of 4/15/02. The right upper arm, neck, low back, wrists, and mental have been accepted by the carrier. She is status post C4-7 cervical fusion on 8/6/03, L4-5 lumbar laminectomy on 11/15/11, and left L4-5, L5-S1 ESI on 11/18/13. The patient reportedly had 6 physical therapy visits in the past after lumbar surgery. On a 1/15/14 clinic note, she complains of worsening neck, back, arm, and leg pain. On exam, there are multiple areas of tenderness, spasm, and painful range of motion. SI joint provocative tests are positive. The last MRI apparently was done in 2012 which is not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LOW BACK 2 TIMES PER WEEK FOR 4 WEEKS QTY: 8.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; PHYSICAL MEDICINE GUIDELINES.

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), Low Back - Lumbar & Thoracic (Acute and Chronic), Physical Therapy.

Decision rationale: According to MTUS guidelines, physical medicine may be recommended. Passive therapy can provide short-term relief during the early phases of pain treatment. Active therapy, namely therapeutic exercise and/or activity are beneficial for restoring strength, flexibility, endurance, function, range of motion and can alleviate discomfort. Patients are expected and instructed to continue active therapies at home in order to maintain improvement levels. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The recommended number of visits depends up on the diagnosis and should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise and/or activity. In this case, the patient is a 66-year-old female with chronic neck, back, and upper extremity pain. She is status post C4-7 cervical fusion on 8/6/03, L4-5 lumbar laminectomy on 11/15/11, and left L4-5, L5-S1 ESI on 11/18/13. On a 1/15/14 clinic she complains of worsening neck, back, arm, and leg pain without interval event. On exam, there are multiple areas of tenderness, spasm, and painful range of motion. SI joint provocative tests are positive. The patient reportedly had 6 physical therapy visits in the past after lumbar surgery but there is no documentation of functional benefit. However, given an exacerbation of symptoms and long length of time since her last sessions of physical therapy, a physical therapy trial would be appropriate. ODG guidelines recommend a trial of 6 visits prior to reassessment. Therefore, 6 physical therapy visits are recommended. However, the request is for 8 sessions physical therapy for low back which exceeds the guidelines recommendation and hence is not medically necessary at this time.

MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 304

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic), MRI X American College of Radiology (2008). ACR Appropriateness Criteria: Low Back Pain.

Decision rationale: According to ODG guidelines, MRI with and without contrast is the best test for patients with prior back surgery and unequivocal evidence of radiculopathy. Repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as severe or progressive neurologic deficits. According to American College of Radiology Appropriateness Criteria, lumbar MRI with and without contrast is recommended in those with prior back surgery along with new or worsening neurologic signs or when plain radiography or clinical findings suggest new adverse effects of surgery. In this case, the patient is a 66-year-old female with chronic neck, back, and upper extremity pain. She is status post C4-7 cervical fusion on 8/6/03, L4-L5 lumbar laminectomy on 11/15/11, and left L4-5, L5-S1 ESI on 11/18/13. On a 1/15/14 clinic she complains of worsening neck, back, arm, and leg pain. On exam, there are multiple areas of tenderness, spasm, and painful range of motion. SI joint provocative tests are positive. There is no mention of decreased sensation, motor weakness, asymmetric reflexes, or signs of radiculopathy on examination. The last MRI apparently done in 2012 is not available for review. Medical records do not establish a significant change in

symptoms or findings suggestive of severe or progressive neurologic deficit or other significant pathology. Therefore, the request for MRI for lumbar spine without and with contrast is not medically necessary and appropriate.

URINE DRUG SCREEN ADMINISTERED 1/15/2014 QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; DRUG TESTING , 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing

Decision rationale: According to MTUS guidelines, urine drug testing is recommended for patients on opioid therapy with the interval of screening dependent upon risk of abuse or aberrant behavior. According to ODG guidelines, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are made to continue, adjust, or discontinue treatment. In this case, the patient is a 66-year-old female with chronic neck, back, and upper extremity pain. She is status post C4-7 cervical fusion on 8/6/03, L4-5 lumbar laminectomy on 11/15/11, and left L4-5, L5-S1 ESI on 11/18/13. On a 1/15/14 clinic she complains of worsening neck, back, arm, and leg pain. On exam, there are multiple areas of tenderness, spasm, and painful range of motion. SI joint provocative tests are positive. The patient is taking opioids on a chronic basis. There is no documentation of aberrant behavior or nonadherence. In such cases urine drug testing is recommended every 6 months to 1 year. However medical records do not document the date of the last urine drug screen. As such Urine Drug Screen administered 1/15/2014 is not medically necessary and appropriate.

HYDROMORPHONE HCL 4 MG QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, SECOND EDITION, 2004, , 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-96.

Decision rationale: According to ACOEM guidelines, prolonged use of narcotic medications may cause both physiologic and psychologic addiction and may reduce the body's supply of endorphins, causing depression and delayed recovery. Pain medications have been shown to be the most important factor impeding the recovery of function in patients referred to pain clinics. This may reflect the failure of providers to set up the expectation of improved function as a prerequisite for prescribing them. According to MTUS guidelines, short-acting opioids are seen as a effective method in controlling chronic pain. They are often used for intermittent or

breakthrough pain. Long-acting opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The lowest dose possible should be prescribed to improve pain and function. There should be ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. Opioid use should be discontinued if there is no improvement in function, ongoing pain with adverse side effects, non-adherence, illegal activity, or request for opioid with inconsistencies in behavior, history or examination. Opioids should be continued if the patient has returned to work or if the patient has improved functioning or pain. In this case, the patient is a 66-year-old female with chronic neck, back, and upper extremity pain. She is status post C4-7 cervical fusion on 8/6/03, L4-5 lumbar laminectomy on 11/15/11, and left L4-5, L5-S1 ESI on 11/18/13. On a 1/15/14 clinic she complains of worsening neck, back, arm, and leg pain. On exam, there are multiple areas of tenderness, spasm, and painful range of motion. SI joint provocative tests are positive. She is taking opioids on a chronic basis. Her medications reportedly decrease her pain and allow her to do simple chores and get out of the house 2 times per week. Without her medications, she has severe pain and is bedridden. However, taken as a whole, provided medical records fail to establish clinically significant improvement in pain, function, quality of life, or a reduction in dependency on medical care. She complains of severe or worsening pain at each visit and has documentation of very limited and poor functioning. Her complaints appear to be out of proportion to examination findings. There is mention of her medications making her very tired resulting in her falling asleep in a hot tub on one occasion. Further, guidelines do not recommend the use of 2 short acting opioids, hydrocodone and hydromorphone, simultaneously. Therefore, the request for Hydromorphone Hcl 4 mg QTY: 30.00 is not medically necessary and appropriate.

HYDROCODONE-ACETAMINOPHEN 10-325 MG #120 REFILLS 1 QTY: 240.00:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 6, 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-96.

Decision rationale: According to ACOEM guidelines, prolonged use of narcotic medications may cause both physiologic and psychologic addiction and may reduce the body's supply of endorphins, causing depression and delayed recovery. Pain medications have been shown to be the most important factor impeding the recovery of function in patients referred to pain clinics. This may reflect the failure of providers to set up the expectation of improved function as a prerequisite for prescribing them. According to MTUS guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Long-acting opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The lowest dose possible should be prescribed to improve pain and function. There should be ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant or nonadherent drug-related behaviors. Opioid use should be discontinued if there is no improvement in function, ongoing pain with adverse side effects, non-adherence, illegal activity, or request for opioid with inconsistencies in behavior, history or examination. Opioids should be continued if the patient has returned to work or if the patient has improved functioning or pain. In this case, the patient is a 66-year-old female with chronic neck, back, and upper extremity pain. She is status post C4-7 cervical fusion on 8/6/03, L4-5 lumbar laminectomy on 11/15/11, and left L4-5, L5-S1 ESI on 11/18/13. On a 1/15/14 clinic she complains of worsening neck, back, arm, and leg pain. On exam, there are multiple areas of tenderness, spasm, and painful range of motion. SI joint provocative tests are positive. She is taking opioids on a chronic basis. Her medications reportedly decrease her pain and allow her to do simple chores and get out of the house 2 times per week. Without her medications, she has severe pain and is bedridden. However, taken as a whole, provided medical records fail to establish clinically significant improvement in pain, function, quality of life, or a reduction in dependency on medical care. She complains of severe or worsening pain at each visit and has documentation of very limited and poor functioning. Her complaints appear to be out of proportion to examination findings. There is mention of her medications making her very tired resulting in her falling asleep in a hot tub on one occasion. Further, guidelines do not recommend the use of 2 short acting opioids, hydrocodone and hydromorphone, simultaneously. Therefore, the request for Hydrocodone-Acetaminophen 10-325 mg #120 with one refill, QTY: 240.00 is not medically necessary and appropriate.