

Case Number:	CM14-0016185		
Date Assigned:	04/11/2014	Date of Injury:	07/13/2003
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 65-year-old male with a 7/13/2003 industrial injury claim. He has been diagnosed with lumbar degenerative disc disease (DDD), low back pain, recovering from a hernia repair surgery which is non-industrial. According to the 12/30/13 Physical Medicine and Rehabilitation report from the provider, the patient's pain is not changed from the prior visit. The patient takes MS Contin 15mg, 3/day; Norco 10/325mg q3-4h, maximum 7/day; Neurontin 300mg three times daily; Amitiza 24mcg bid; Miralax; and from a different physician, the patient takes Lorazepam; Nasacort; Valium, warfarin and diltiazem. The prior report from the provider is dated 12/2/13, and states the condition is unchanged from the prior report. The prior report was dated 11/4/13 and states the patient presents with low back pain, increased from the prior visit. On 2/14/14, utilization review recommended non-certification for 12 additional aquatic therapy sessions; modification for Norco, Neurontin, Amitiza, and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL AQUATHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic therapy and Section Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient has chronic back pain. He was reported to be a candidate for spinal cord stimulation (SCS) trial, but needed to lose weight. He was 360 pounds, and 6 feet 6 inches on 8/15/13 and aquatic therapy times twelve sessions were approved to help lose weight, but on 12/30/13, he was reported to be 371 pounds. The MTUS guidelines for aquatic therapy states it is recommended when reduced weight bearing is desirable, and for the number of supervised visits, refers readers to the MTUS physical medicine section. The MTUS physical medicine section states 8-10 sessions are necessary for various myalgias and neuralgias. The request for 12 sessions of aquatic therapy exceeds the MTUS recommendations. As such, the request is not certified.

NORCO 10/325MG, #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG), Pain (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioid use, criteria for use of opioids and Section Pain Outcomes and Endpoints Page(s) : . 8-9.

Decision rationale: The patient presents with chronic back pain. The MTUS guidelines have criteria for long-term use of opioids and require documentation of pain and functional improvement and compare to baseline. The MTUS states: "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The medical records from the provider were reviewed including 12/6/12, 1/3/13, 1/31/13, 2/28/13, 3/28/13, 4/25/13, 5/25/13, 6/20/13, 7/18/13, 8/15/13, 9/12/13, 10/7/13, 11/4/13, 12/2/13, 12/30/13 and 2/14/14 reports. The 12/6/12 report documents 7/10 pain, the 1/3/13 report states there is 7/10 pain, the 3/28/13 report states there was 6/10 pain, but none of the reports discuss efficacy of medications, or show any reduction in pain compared to baseline. The remainder of the reports did not provide a pain assessment. The MTUS states a "satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The reports do not show reduced pain, or improved function or quality of life. The MTUS does not recommend continuing treatment that does not provide a satisfactory response. As such, the request is not certified.

NEURONTIN 300MG, #270 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Neurontin(gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy drugs (AEDs Page(s): 16-18.

Decision rationale: The patient presents with chronic back pain. The MTUS guidelines state a satisfactory response to Neurontin is a 30% reduction in pain. The medical records from the provider were reviewed including 12/6/12, 1/3/13, 1/31/13, 2/28/13, 3/28/13, 4/25/13, 5/25/13, 6/20/13, 7/18/13, 8/15/13, 9/12/13, 10/7/13, 11/4/13, 12/2/13, 12/30/13 and 2/14/14 reports. The reports do not discuss efficacy of Neurontin, and none of the reports show reduction in pain. The MTUS does not recommend continuing Neurontin if there is not at least a 30% reduction in pain. The continued use of Neurontin without documented functional improvement is not in accordance with MTUS guidelines. As such, the request is not certified.

AMITIZA 24MCG, #60 WITH 5 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Therapeutic Trial of Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with chronic back pain and is reported to be using Norco and MS Contin. The MTUS guidelines under initiating a trial of opioids states "prophylactic treatment of constipation should be initiated." The use of Amitiza appears to be in accordance with MTUS guidelines' recommendations. As such, the request is certified.

MIRALAX #1, WITH 5 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Therapeutic Trial of Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with chronic back pain and is reported to be using Norco and MS Contin. The MTUS guidelines under initiating a trial of opioids states "prophylactic treatment of constipation should be initiated." The use of Miralax appears to be in accordance with MTUS guidelines' recommendations. As such, the request is certified.