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| Case Number: | CM14-0017921 | | |
| Date Assigned: | 04/16/2014 | Date of Injury: | 11/16/2011 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 Pain 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 46-year-old female who sustained a remote industrial injury on November 16, 2011 diagnosed with lumbosacral sprain/strain with radiculitis, L4-5 disc bulging, and right piriformis syndrome. Mechanism of injury occurred from the patient constantly sitting/working on a broken chair for a year, which resulted in low back pain that was then exacerbated when the patient was pulled suddenly by a dog on a leash. The request for lumbar epidural steroid injection was non-certified at utilization review due to the lack of documentation concerning objective radiculopathy and the failure of conservative treatment. The request for physical therapy for the lumbar spine 2 times a week for 4 weeks was also non-certified at utilization review due to the lack of documentation specifying how many sessions have been completed and if any functional improvement was obtained. The requests for an Ergonomic chair and Protonix (20mg, #60) were non-certified at utilization review due to the lack of documentation of a clear medical rationale behind the need for such a chair and medication. The request for Ultram (150mg, #60) was also non-certified at utilization review due to the lack of appropriately documenting the analgesic benefits of this medication and any aberrant behavior while the request for Medrol Dosepak was non-certified due to the lack of documentation of a discussion concerning the risks of steroids and symptom-free period with subsequent exacerbation or a new injury. Lastly, the request for FexMid (7.5mg) was non-certified at utilization review as this medication is recommended for short-term use only but has been chronically prescribed. The most recent progress note provided is June 02, 2014. The patient had complains primarily of low back pain and right lower extremity pain. Physical exam findings reveal decreased range of motion of the lumbar spine; decreased sensation in right L5 and S1 dermatomes; strong right piriformis spasm with radiation to the right foot; positive Patrick-Fabere's; and a positive straight leg raise. The most recent progress note describes the patient's medication list is dated February

26, 2014. These medications are listed as: Naproxen (550mg, #90), Protonix (20mg, #60), Ultram (150mg, #60), and Mentherm Ointment. It is noted that the patient needs an ergonomic evaluation of her workstation, and a progress report, dated April 22, 2014, highlights that a new chair has been ordered for the patient at work. Provided documents include several previous progress reports, several requests for authorizations, appeal of Utilization Review denial reports, supplemental subjective forms completed by the patient and multiple urine toxicology reports that reveal the patient is compliant with medication use, with the most recent report dated January 02, 2014. The patient's previous treatments include chiropractic care with benefit, acupuncture with benefit, unspecified number of physical therapy sessions with good relief, and medications. Imaging studies provided include an MRI of the lumbar spine, performed on December 04, 2013, that reveals multilevel lumbar spondylosis with moderate central spinal stenosis at L4-5 and mild central spinal stenosis at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 AND TABLE 12-8, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections involve initially an unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), No more than two nerve root levels should be injected using transforaminal blocks, and No more than one interlaminar level should be injected at one session. In this case, it is unclear that the patient has failed conservative treatment, as benefit has been noted from recent forms of conservative treatment and more conservative treatment is being requested. In addition, although radiculopathy appears to be documented in the physical exam and in the MRI report, this request does not specify the levels where the injection will be performed. As guidelines recommend a certain number of levels depending on the type of injection, it is necessary for these levels to be specified. Therefore, the request is not medically necessary.

Physical Therapy for the Lumbar Spine (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation notes that the patient has participated in physical therapy in the past with good relief. However, the number of sessions completed and any functional improvement obtained as a result is not specified. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Therefore, the request is not medically necessary.

Ergonomic Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME) and Official Disability Guidelines (ODG) Low Back, Ergonomics interventions.

Decision rationale: According to the Official Disability Guidelines, durable medical equipment is defined as something that is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. Further, ergonomic interventions are recommended as an option as part of a return-to-work program for injured workers. In this case, the treating physician does not provide a rationale for this request, specifically explaining where and when this ergonomic chair would be used. Without this rationale, it cannot be determined that an ergonomic chair will be used to serve a medical purpose. Although an ergonomic chair may be supported for use as part of the patient returning to work, provided documentation highlights that the patient's work has already provided her with a new chair. Therefore, the request is not medically necessary.

Protonix (20mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITOR (PPI) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of Proton Pump Inhibitors is recommended for patients with a high risk of gastrointestinal complications determined by the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician does not document any of the listed criteria for gastrointestinal complications or report any benefit with the use of this medication. Furthermore, the frequency of the requested medication is not specified in this request. Therefore, the request is not medically necessary.

Ultram (150mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- ON GOING MANAGEMENT Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file and a discussion concerning the side effects of this medication is not provided. Furthermore, the frequency of the requested medication is not specified in this request. Due to this lack of documentation, the request is not medically necessary.

Medrol Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The Official Disability Guidelines (ODG) suggested that the main effect of systemic steroids is to provide pain relief (which is reported as minimal in current research) in the early acute period. With the patient's date of injury in 2011, it does not appear that the patient's symptoms are in the early acute period. The ODG further notes, treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Provided documentation does not specify that the patient has recently incurred a new injury or experienced a symptom-free period. Along with this lack of documentation, the treating physician does not provide a rationale for the use of oral corticosteroids and the frequency of this medication therapy is not specified in the request. Therefore, the request is not medically necessary.

Fexmid (7.5mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SEDATING MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The medical necessity of Cyclobenzaprine is compared to California MTUS Guideline criteria. The provided documentation does not meet MTUS criteria because use is outside of the acute setting as the recommended use of Cyclobenzaprine is for short duration and the patient's date of injury is 2011. Further, provided documentation highlights the extended use of this medication, which is not recommended. Although physical exam findings indicate the patient is having spasm, documentation does not describe significant analgesic effect or quantifiable functional benefit with the use of this medication. Furthermore, the quantity and frequency of the requested medication is not specified in this request. Therefore, the request is not medically necessary.