MAXIMUS Federal Services

Case Number:	CM14-0134319		
Date Assigned:	08/27/2014	Date of Injury:	05/24/2010
Decision Date:	10/07/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 53-year-old female who sustained an injury on 5/24/10. She had bilateral knee arthroscopy and left knee replacement. She complained of chronic neck pain with bilateral upper extremity radiation, low back pain with bilateral lower extremity radiation, bilateral knee pain, and temporal headaches and there was presence of bowel dysfunction, constipation, irritable bowel syndrome and severe difficulty in sleep. The pain was rated at 8/10 with medications and 10/10 without medications. She completed the Epworth Sleepiness Scale with a score of 13 and noted to have hypersomnolence, snoring, irregular sleep pattern, morbid obesity, chronic sinusitis and history of antrostomy. A sleep study was suggested by a recent PQME. Diagnoses included cervical radiculopathy, anxiety, depression, chronic pain other, status post carpal tunnel release, status post knee replacement, and status post knee surgery. Current medications include Vicodin, Zanaflex, Lyrica, and Tizanidine at night and Prevacid for prophylaxis. Lyrica is still effective; Vicodin has been slightly less effective since the dose was decreased. She had previous physical therapies with no documented evidence of functional benefits. Recent urine drug testing was reported. Previous requests for ergonomic chair to alleviate her neck and lumbar spine symptoms and functional capacity evaluation requests have been denied.The request for Vicodin 5/300mg # 60, Lyrica 50mg # 60, Zanaflex 4mg # 30, Prevacid 30mg # 30, Urine drug testing, Sleep study, Physical therapy 2x3 to cervical and lumbar spine, Pain management consult, Functional Capacity assessment, Ergonomic chair, Follow up in one month, Urine drug screen (retro 6/10/14) was denied on 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg # 60: 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): 91.

Decision rationale: Vicodin (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. In this case, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management, such as home exercise program. There is no documentation of return to work or any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. The pain was rated at 8/10 with medications and 10/10 without medications. Therefore, the medical necessity for Vicodin has not been established based on guidelines and lack of documentation.

Lyrica 50mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

Decision rationale: As per CA MTUS guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. In this case, there is no documentation that the patient has been diagnosed with diabetic neuropathy, postherpetic neuralgia, or anxiety disorder. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Thus, the medical necessity has not been established and the request is non-certified.

Zanaflex 4mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity in this injured worker. There is no documentation of trial of first line therapy. There is little to no evidence of any significant improvement in function with prior use. Therefore, the request is not medically necessary according to the guidelines.

Prevacid 30mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111.

Decision rationale: The CA MTUS guidelines state PPI medications such as Prevacid may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events. In absence of documented dyspepsia unresponsive to change in cessation or change of NSAID or PPI, the medical necessity of Prevacid has not been established; non-certified.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the results of prior urine drug testing are not available. Furthermore, there is no documentation of non-compliance with medications and there is no evidence of addiction or aberrant behavior. Thus, the request for urine drug screen is not medically necessary and is non-certified.

Sleep study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per guidelines, sleep study is recommended with the following criteria: excessive daytime sleepiness, Cataplexy (muscle weakness unique to narcolepsy), Morning headache, Intellectual deterioration, personality change, insomnia of at least 6 months duration, unresponsive to behavioral intervention and sedative /sleep promoting medications and psychiatric etiology has been excluded. In this case, the medical records do not document the above criteria have been met; thus the request is not medically necessary per guidelines.

Physical therapy , cervical lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 PT visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, the injured worker has received PT visits in the past; however, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level "VAS", range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Nonetheless, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Independent medical examination and consultation.

Decision rationale: As per CA MTUS/ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the specific reason for such referral has not been specified. Furthermore, there is no documentation of a detailed re-assessment by the treating physician with an attempt to treat the problem, causes such as adjusting the medications. Therefore, the medical necessity of the requested services cannot be established at this time.

Functional Capacity assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty

Decision rationale: As per ODG guidelines, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. Furthermore, the recommendations are to consider FCE if the injured worker has had prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and / or illness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The guidelines state criteria for admission to Work Hardening Program; Previous PT (There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment) and rule out surgery (The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function). The medical records do not demonstrate the evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau and with evidence of no likely benefit from continuation of the previous treatment. Moreover, the records do not show unsuccessful prior return to work or need for modified work. According to these reasons, the injured worker is not a candidate for WH program, and therefore the medical necessity of the Functional capacity evaluation has not been established.

Ergonomic chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per guidelines, driving, workstation positions, repetitive motions and other activities may require modifications. The submitted clinical records lack documentation indicating why poor ergonomics are suspected as contributing to pain of this injured worker. Furthermore, there is no evidence of an evaluation with respect to ergonomics. Overall, there is little evidence to support the effectiveness of ergonomics or modification of risk factors in prevention of low back pain. Thus the request is not medically necessary.

Follow up in one month: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits

Decision rationale: Per guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Duration between visits from 1 to 6 months is recommended. In this case, the medical records indicate that the injured worker has multiple ongoing medical problems which would need to be addressed frequently. Furthermore, the injured worker is taking multiple medications, which require frequent monitoring and adjustments according to the needs of this injured worker. Thus the request is thus considered medically necessary and appropriate.

Urine drug screen (retro 6/10/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, there is little to no information as to prior urine drug tests. Furthermore, there is no evidence of non-compliance or addiction / aberrant behavior. Thus, the request for frequent urine drug screen is not medically necessary and is non-certified.