

Case Number:	CM14-0139301		
Date Assigned:	10/10/2014	Date of Injury:	05/07/1998
Decision Date:	11/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 60 years old male with an injury date on 05/07/1998. Based on the 08/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Radiculopathy thoracic or lumbosacral, chronic, 2. Spondylosis, lumbar w/o Myelopathy, chronic, 3. Chronic pain due to trauma, chronic, 4. Myalgia and myositis, unspecified, chronic., 5. Insomnia due to medical condition classified elsewhere, chronic, 6. Degenerative disc disease lumbar, chronic, 7. Other constipation, 8. COAT. According to this report, the patient complains of fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is described as an ache, deep, diffuse, discomforting, dull, localized, numbness, piercing, sharp, shooting, stabbing, superficial, and throbbing. Symptoms are aggravated by bending, extension, flexion, ascending/descending stairs, changing positions, coughing, daily activities, defecation, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting, and walking. Heat/ice, massage, movement, pain meds/drugs, physical therapy and stretching help alleviate the pain. Physical exam reveals positive right straight leg raise. Tenderness is note over the spinous, paraspinous, lumbar, gluteals, quadrates, PSIS, and sciatic notch. Weakness and numbness of the extremity are noted. Pain is rated at an 8/10 without medication and 4/10 with medications. In the last month, average pain is at an 8/10 and "pain has interfered with their daily activities" is at a 7/10. The 05/23/2014 report indicates patient's currently pain is at a 3/10 with medications. On the Oswestry Disability Index, the patient's total score is 60% (41%-60% severe disability). There were no other significant findings noted on this report. The utilization review denied the request on 08/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/23/2014 to 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% #2 with one refill, apply 2g by topical route qid distribute: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Voltaren package insert

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Voltaren 1% cream, #2 with one refill. Regarding Voltaren gel, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the patient does present with calf/foot pain. However the treater does not mention how this topical is being used and with what efficacy. He does not specifically address Voltaren and how it is working. Voltaren may be indicated for foot pain, but not for the patient's low back pain. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Valium 10mg #50 with one refill, 1 po qhs & 3 /wk during the day for spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64; 63.

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Valium 10mg #50 with one refill, 1 po qhs for spasms. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Valium #50 with 1 refill and this medication was first noted in the 05/23/2014 report. Valium is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, this request is not medically necessary.

Trazodone HCL 50mg #30 with one refill, 1-2 po qhs prn insomnia: 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 Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-17.

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Trazodone HCL 50mg #30 with one refill for insomnia. Trazodone is classified as an anti-depressant states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. Review of reports show the patient suffers from chronic low back pain with depression and insomnia. However, the treater does not discuss how this medication is helping to improve the patient's insomnia. Therefore, this request is not medically necessary.

Senna 8.6mg #60 with one refill, 2 po qhs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA)

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

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Senna 8.6mg #60 with one refill for constipation. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. Therefore this request is medically necessary.

Norco 10/325mg #120 with one refill, 1 po qid prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 88-89; 76-78.

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Norco 10/325mg #120 with one refill. Norco was first mentioned in the 05/23/14 report; it is unknown exactly when the patient initially started

taking this medication. Review of records show the American Quality of life scale was administered to the patient; "with medications the patient is able to: struggle but fulfills daily home responsibilities. Without medications the patient is able to: do simple chores around the house. Minimal activities outside the home two days a week." A urine drug screen was condition on 05/23/2014 for opiate monitoring. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, documentation of pain assessment using a numerical scale describing the patient's pain and ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore this request is not medically necessary.

Miralax 17g/dose#60 with one refill, 1-2 packets per day prn constipation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

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

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Miralax 17g/dose#60 with one refill for constipation. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treater is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. Therefore this request is medically necessary.

Celebrex 200mg #30 with one refill, 1 po qd: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; Page(s): 67-68.

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Celebrex 200mg #30 with one refill. The MTUS Guidelines pages 67, 68 do allow use of oral NSAIDs for osteoarthritic pains, and recommends it

for shortest time possible. Page 22 of MTUS does recommend oral NSAIDs for low back pain as well. In this case, the treater is requesting Celebrex #30 with 1 refill and this medication was first noted in the 05/23/2014 report. MTUS page 60 require documentation of pain and function with medication use. Without documentation that this medication is working and helping with pain and function, continued use of the medication would not be indicated. Therefore this request is not medically necessary.

Butrans 20mcg/hr #4 with one refill, apply 1 patch td q 7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 76-78; 88-89.

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with fluctuating moderate-severe low back pain that radiates to the bilateral calf, foot, and thigh. Pain is average at an 8/10. The treater is requesting Butrans patches 20mcg/hr #4 with one refill. Butrans was first mentioned in the 05/23/14 report; it is unknown exactly when the patient initially started taking this medication. Review of records show the American Quality of life scale was administered to the patient; "with medications the patient is able to: struggle but fulfills daily home responsibilities. Without medications the patient is able to: do simple chores around the house. Minimal activities outside the home two days a week." A urine drug screen was condition on 05/23/2014 for opiate monitoring. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, documentation of pain assessment using a numerical scale describing the patient's pain and ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore this request is not medically necessary.