

Case Number:	CM14-0143746		
Date Assigned:	09/29/2014	Date of Injury:	06/24/2002
Decision Date:	11/05/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 57-year-old female, who reported an injury on 08/24/2002 due to an unknown mechanism. Diagnoses were failed lumbar back surgery syndrome, lumbar radiculopathy, status post fusion lumbar spine, insomnia, chronic pain other, and fibromyalgia. Physical examination, dated 08/05/2014, revealed complaints of neck pain that radiated down bilateral upper extremities. There were complaints of low back pain that radiated down bilateral lower extremities. It was reported that the pain was accompanied by muscle weakness, frequently in the bilateral lower extremities. Pain was rated a 7/10 in intensity with medications. The pain was rated a 9/10 in intensity without medications. Surgical history was L5-S1 laminectomy and fusion. It was reported that the injured worker uses a TENS unit. The unit has been used for over 10 years several times a day, which was reported to be helpful. It was reported that the use of TENS unit, opioid pain medication, and pool therapy was helpful. Time until pain relief was approximately 1 hour. The pain relief from each medication dose lasted for 3 hours. The least reported pain since last assessment was 6 on a scale of 1 to 10. Areas of functional improvement as a result of the above therapy included ability to attend church, bathing, brushing teeth, cleaning, combing/washing hair, doing laundry, dressing, reading, shopping, and sleeping. The injured worker wishes to continue this therapy based on her decreased pain and her increased level of function and her improved quality of life. The injured worker has been doing aquatic therapy at the YMCA with good results. Examination of the lumbar spine revealed spasm noted in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the spinal vertebral area, L4-S1 levels. Range of motion for the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Motor exam revealed decreased strength of the extensor muscles along the L4-S1 dermatomes in bilateral lower extremities. Treatment plan was to continue with ongoing home

exercise program and to continue medications as directed. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary (last updated 07/03/14), Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Supports

Decision rationale: The decision for lumbar orthosis is not medically necessary. The ACOEM Guidelines state lumbar supports are not recommended for prevention. They are recommended as an option for treatment. They are recommended for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence, but may be a conservative option). The Official Disability Guidelines state they are also for the treatment of nonspecific low back pain, compared with no lumbar support, and elastic lumbar belt may be more effective than no belt at improving pain (measured by Visual Analog) and at improving functional capacity. However, evidence is weak (very low quality evidence). The rationale for lumbar orthosis was not submitted. There is a lack of documentation detailing a clear indication for the use of a lumbar orthosis. The clinical information submitted for review does not provide evidence to justify lumbar orthosis. Therefore, this request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary (last updated 07/10/14), Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 78.

Decision rationale: The decision for urine drug screen is not medically necessary. The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not reported that the injured worker was having aberrant drug taking behavior. The clinical information submitted for review does not justify a urine drug screen. Therefore, this request is not medically necessary.

Gym membership with access to pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary (last updated), Gym Memberships

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, Gym Memberships

Decision rationale: The decision for gym membership with access to pool is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Additionally, it indicates that gym memberships would not generally be considered medical treatment and, therefore, are not covered under these guidelines. The medical guidelines do not support the use of gym memberships. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Lyrica 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS).

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

Decision rationale: The decision for Lyrica 100mg, #90 is not medically necessary. The California Medical Treatment Utilization Schedule states Lyrica is an anticonvulsant that 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. This medication is designated as a Schedule IV Controlled Substance because of its causal relationship with euphoria. This medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. Although the injured worker has reported pain relief, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Omeprazole 20mg #30: 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-TWC), Pain Procedure Summary (last updated 07/10/14), Proton Pump Inhibitors (PPI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Omeprazole 20mg # 30 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy of this medication was not reported. The injured worker did not have a diagnosis to support the use of this medication. There were no significant factors provided to support the continued use, therefore, this request is not medically necessary.

Vitamin D 2000 units #60: 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-TWC), Pain Procedure Summary (last updated 07/10/14), Vitamin D Supplementation

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

Decision rationale: The decision for vitamin D 2000 units #60 is not medically necessary. The Official Disability Guidelines states vitamin D is not recommended for the treatment of chronic pain based on recent research below. Although it is under study as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin D deficiency, which is not generally considered a Workers' Compensation condition. Musculoskeletal pain is associated with low vitamin D levels, but the relationship may be explained by physical inactivity and/or other confounding factors. It was not reported that the injured worker had a deficient vitamin D level. The medical guidelines do not support the use of vitamin D. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

Decision rationale: The decision for cyclobenzaprine 10mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional

improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Therefore, this request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The decision for Norco 10/325mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule recommends short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.