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| Case Number: | CM14-0151836 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 03/26/2012 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

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 Occupational 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:

According to the available documents, this is 43-year-old man who was injured on 3/26/12. Mechanism of injury was said to be cumulative trauma. There has been a 4/24/14 MRI of the lumbar spine, which showed surgical changes at L4-5 and a posterior annular tear, a 7/24/14 EMG/NCV showed no evidence of lumbar radiculopathy. Diagnoses were failed back surgery Syndrome Status Post L4-5 Micro discectomy, herniated nucleus pulposus at L4-5 and L5-S1, recurrent radiculopathy at L4-5 and L5-S1 in the lower extremity, chronic low back pain, and dorsal lumbar sacral sprain/strain. There is a PR-2 from the orthopedist from 7/3/14 that indicates that the patient continues to have intractable low back pain. There is no mention of any lower extremity symptoms. The exam did not show any neurologic deficit, noted tenderness, and limited range of motion in the lumbar area. Diagnosis was possible lumbar disc discogenic pain and discography authorization was being awaited. A 6/17/14 Orthopedic QME documented back pain radiating to both legs down to the ankles. There is mention of decreased sensation in the left lower extremity. Patient said that the medication was upsetting his stomachs, which were Tramadol, Hydrocodone, and Tizanidine. Objective findings included muscle spasms, guarding, tenderness in the lumbar spine, reduced range of motion, abnormal sensation in the left lower extremity in dermatomal L4-L5 and L5-S1, inability to perform heel and toe walking, and intact motor strength except for left ankle with grade 4/5 weakness with dorsiflexion. Reflexes in the patella and Achilles were 2+. This documented previous conservative treatment with medications that did include anti-inflammatories in 2012, pool therapy 3 times a week for 4 weeks in 2012, and a L4-5 Microdiscectomy. There have been at least 2 MRIs of the low back. Medical records indicated Zanaflex 2 mg b.i.d. and 50 mg of Ultram Q4 to 6 hours had been prescribed since at least 8/13/13. There was a 6/5/14 orthopedic PR-2 that also requested discography and noted that the patient had already been denied authorization for discography. The report stated that he had

failed non-operative care and that there is MRI evidence of an annular tear and degeneration of the L4-5 level. There is a utilization review determination dated 9/2/14, requested on 8/27/14 for a discogram of L4-5 and L5-S1; internist for epigastric pain; aquatic physical therapy lumbar spine twice a week for 6 weeks for 12 visits; prescription refill of Norco 5/325 mg 1 twice a day #60 with 2 refills; and Zanaflex 2 mg 1 twice a day #60 with 2 refills. The determination was to modify the Norco to #60 with one refill and the remainder of the requests was not approved. That utilization review determination references and summarizes an 8/12/14 progress note, which was not provided for this determination. It stated that the patient was complaining of often severe low back pain radiating to the left leg, complaints of epigastric pain related to chronic medication use; clinically there is tenderness in the lower lumbar paravertebral musculature, reduced range of motion, positive straight leg and intact strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram of L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: ACOEM guidelines state that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. It notes that concordance of symptoms with the disk injected is of limited diagnostic value and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. The ACOEM notes that the area is rapidly evolving and clinicians should consult the latest available studies. It should be reserved only for patients where fusion is a realistic consideration. The medical reports provided do not support that this patient is a surgical candidate or under consideration for surgery. There is no red flag. Since the ACOEM guidelines suggest consulting the latest available studies, ODG back chapter, updated online on 8/22/14, states that it is not recommended. Notes that can cause disc degeneration. Therefore, based upon the evidence and the guidelines, this is not considered medically necessary.

Internist for Epigastric Pain: 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), Pain Chapter, Office Visit

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), Chapter 7, Independent Medical Examinations and Consultations page 127

Decision rationale: The provided medical records indicate that this patient has not used any nonsteroidal anti-inflammatory medications in over one year. These are known to have side effects that can cause gastrointestinal irritation. None of the medications the patient is currently using (opiates Norco and previously Ultram and muscle relaxant Zanaflex) are known to carry risks for upper gastrointestinal illness or side effects. The medical reports do not document when this occurs, how frequently or that there has been any trial of first-line medications such as a proton pump inhibitor to control the patient's symptoms. There is no red flag. ACOEM states that consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and/or the examinee's fitness for return to work. If the patient and the provider feel that the current medications are upsetting the pt's stomach, they should be discontinued prior to requesting specialty consultation. It is also certainly not beyond the scope of practice of an orthopedist or the physician assistant to recommend over-the-counter proton pump inhibitors to treat the symptoms. Therefore, based upon the evidence and the guidelines this is not considered medically necessary.

Aquatic Physical Therapy of The Lumbar Spine qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Physical Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Physical Medicine Page(s): 98-99.

Decision rationale: There has been previous aquatic therapy without any evidence of objective functional benefit. There is no indication there has been any particular recent flare-up or exacerbation of this patient's chronic pain. There is no indication that this patient has any comorbidity that would require gravity to be minimized such as extreme obesity. Furthermore, the reports do not indicate any specific functional goals for physical therapy at this point. The MTUS chronic pain guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. For neuralgia, neuritis and radiculitis treatments of 8-10 visits over 4 weeks are recommended. The provided documents do not support the need for aquatic therapy or for 12 sessions and do not include what the functional goals of treatment are. Therefore, based upon the evidence and the guidelines, this is not considered medically necessary.

1 refill of Norco 5/325mg 1 tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation http://www.americnapainociety.org/uploads/pdfs/opioid_final_evidence_report.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for Hydrocodone, an opiate combined with Acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting

opioid analgesic. The patient's use of this medication has been since at least the time of the QME of 6/17/14 and he was using another short acting opioid, Ultram prior to that for well over one year. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no mention of what this patient's daily activities are from a functional standpoint and the documentation of the remainder of these factors is lacking to support the medical necessity for ongoing use of the opiate. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function, which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

Zanaflex 2mg 1 tab #60 w/ 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Muscle Relaxants Page(s): 63and 66.

Decision rationale: Tizanidine is a sedating Muscle Relaxant, which MTUS chronic pain guidelines state is FDA approved for management of spasticity and unlabeled use for low back pain. Regarding muscle relaxants in general, they are recommended with caution as a 2nd line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no mention of acute exacerbation of the chronic low back pain and use has been chronic for over one year. There has been no mention of any objective functional improvement because of the chronic use. Patient has required ongoing treatment. Thus, given the evidence and guidelines, this is not considered be medically necessary.