

Case Number:	CM14-0158023		
Date Assigned:	10/01/2014	Date of Injury:	03/18/2002
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 subspecialties in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/18/02 while working as a mechanic for a tire distributor. Treatments included physical therapy, medications, and a lumbar spine fusion. He underwent spinal cord stimulator placement which was initially effective. There was a migration of the leads and attempts at correction were unsuccessful and in November 2013 he required blood patch procedures after an adjustment. The spinal cord stimulator was removed on 06/09/14. He was seen on 06/30/14. He was having low back with right greater than left lower extremity symptoms rated at 8/10. He was performing a home exercise program. He was also having left shoulder pain rated at 5/10. Physical examination findings included lumbar spine tenderness with decreased and painful range of motion. There was lumbar paraspinal muscle spasms which had decreased. Additional testing was ordered. Medications were continued. On 07/28/14 he had been able to decrease his hydrocodone dose from 5 times per day to 2-3 times per day. He was not having any medication side effects. The assessment references the claimant as recalling a history of gastrointestinal symptoms prior to the prescribing of a proton pump inhibitor. With his current medications, he was no longer having these symptoms. Muscle spasms are referenced as unaffected by use of heat, physical therapy, home exercise, or activity modification. Cyclobenzaprine is reported as decreasing spasms and allowing improved range of motion and exercise tolerance with decreased pain. Physical examination findings included lumbar spine tenderness with decreased range of motion. There was a positive left straight leg raise. There was decreased shoulder range of motion with diffuse tenderness. Medications were continued. On 08/18/14 he was having ongoing radicular symptoms. He was interested in trying TENS. Test results were reviewed. He was continuing to use a lumbosacral orthosis. Medications were Tramadol ER150 mg #60, Hydrocodone/acetaminophen 10/325 mg #120, naproxen 550 mg

#90, pantoprazole 20 mg #90, and cyclobenzaprine 7.5 mg #90. On 09/15/14 his condition appears unchanged. He had lumbar spine tenderness with muscle spasms. Authorization for an epidural steroid injection was requested. A trial of TENS was continued. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a diagnosis of failed back surgery syndrome. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Treatments for failed back surgery syndrome are often unsuccessful or only partially effective. A spinal cord stimulator is considered primarily a palliative treatment. In this case, the claimant underwent removal of a previously effective spinal cord stimulator in June 2014. He continues to be treated with medications. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

Retrospective request for 1 prescription of tramadol 150mg #60 (DOS 8/18/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Tramadol ER Prescribing Information

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a diagnosis of failed back surgery syndrome. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Treatments for failed back surgery syndrome are often unsuccessful or only partially effective. A spinal cord stimulator is considered primarily a palliative treatment. In this case, the claimant underwent removal of a previously effective spinal cord stimulator in June 2014. He continues to be treated with medications. Guidelines indicate that just because an injured worker has reached a

permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.

Retrospective request for 1 prescription of hydrocodone/APAP 10/325mg #120 (DOS 8/18/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a diagnosis of failed back surgery syndrome. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Treatments for failed back surgery syndrome are often unsuccessful or only partially effective. A spinal cord stimulator is considered primarily a palliative treatment. In this case, the claimant underwent removal of a previously effective spinal cord stimulator in June 2014. He continues to be treated with medications. Guidelines indicate that just because an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone / acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Retrospective request for 1 prescription of naproxen 550mg #90 (DOS 8/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a diagnosis of failed back surgery syndrome. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Treatments for failed back surgery syndrome are often unsuccessful or only partially effective. A spinal cord stimulator is considered primarily a palliative treatment. In this case, the claimant underwent removal of a previously effective spinal cord stimulator in June 2014. He continues to be treated with medications. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in excess of the recommended dosing guidelines and therefore not medically necessary.

Retrospective request for 1 prescription of pantoprazole 20mg #90 (DOS 8/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)Proton pump inhibitors (PPIs)

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a diagnosis of failed back surgery syndrome. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Treatments for failed back surgery syndrome are often unsuccessful or only partially effective. A spinal cord stimulator is considered primarily a palliative treatment. In this case, the claimant underwent removal of a previously effective spinal cord stimulator in June 2014. He continues to be treated with medications including naproxen taken at a higher than recommended dose. His provider documents a history of gastrointestinal symptoms without using a proton pump inhibitor. Guidelines recommend consideration of a proton pump inhibitor such as pantoprazole for the treatment of dyspepsia secondary to NSAID therapy. Therefore the requested pantoprazole was medically necessary.

Retrospective request for 1 prescription of cyclobenzaprine 7.5mg #90 (DOS 8/18/14):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a diagnosis of failed back surgery syndrome. Failed back surgery syndrome is an unfortunate condition that occurs in a small subset of patients who undergo spine surgeries/procedures as in this case but ultimately have a poor outcome. Treatments for failed back surgery syndrome are often unsuccessful or only partially effective. A spinal cord stimulator is considered primarily a palliative treatment. In this case, the claimant underwent removal of a previously effective spinal cord stimulator in June 2014. He continues to be treated with medications. Medications include Cyclobenzaprine being prescribed on a long term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no identified new injury or exacerbation and cyclobenzaprine is being prescribed on a long-term basis. It was therefore not medically necessary.