

Case Number:	CM14-0166484		
Date Assigned:	10/13/2014	Date of Injury:	03/13/2006
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 13, 2006. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; earlier lumbar spine surgery in 2010; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated September 22, 2014, the claims administrator denied a retrospective request for Motrin, Neurontin, Misoprostol, Tizanidine, Medrol, physical therapy (PT), and pain management visits. In a September 9, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg, rated 9/10, reportedly severe. The applicant was reportedly unable to do activities of daily living secondary to pain. The applicant also had problems sleeping at night, it was acknowledged. The applicant was not working, it was noted, and he stated that his pain was interfering with performance of activities of daily living as basic as stooping, squatting, lifting, carrying, standing, and/or walking. The applicant was using Norco, Motrin, and Zestril. The applicant was obtaining his medications from a chronic pain physician, it was acknowledged. The applicant was described as "permanently disabled." Multiple medications were sought. It was stated that the applicant had issues with gastric symptoms with NSAIDs and that misoprostol was being employed for that purpose. Somewhat incongruously, the attending provider then stated that the applicant was concurrently being given a request for ibuprofen. It was stated that the applicant was pending a CT myelogram. Neurontin was employed as nerve stabilizer. It was stated that Medrol should be employed to relieve some of the applicant's inflammatory radicular symptoms. The applicant was given a Toradol shot in the clinic setting. In an RFA form dated September 9, 2014, the applicant was asked to continue with current medications implying that all of the medications at issue were in fact renewals. On April

13, 2014, the applicant was apparently given prescriptions for Flexeril, Motrin, and Omeprazole with three refills. On June 6, 2014, the applicant was again given prescriptions for Motrin, Omeprazole, and Cyclobenzaprine (Flexeril), again with multiple refills. In a June 6, 2014 progress note, the applicant was given prescriptions for Norco and Tizanidine. Genetic metabolism testing was noted. It was acknowledged that the applicant was off of work and was applying for social Security Disability Insurance (SSDI) benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ibuprofen 800mg #60 for the service date of 9/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Functional Restoration Approach to Chronic Pain Management Pag.

Decision rationale: Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. In this case, however, the applicant has seemingly been using Ibuprofen for a span for several months. The applicant had, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of ibuprofen. The applicant remained off of work, on total temporary disability. Ongoing usage of ibuprofen had failed to curtail the applicant's dependence on other forms of medical treatment, including oral steroids, opioids, etc. The applicant was, furthermore, described on September 9, 2014 as reporting 9/10 pain despite ongoing ibuprofen usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

Retrospective request for Gabapentin 800mg #60 for the service date of 9/9/2014:

Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is considered a first line agent for neuropathic pain. In this case, the applicant was reporting severe neuropathic (radicular) complaint on or around the date in question. The request for Gabapentin, unlike several of the other medications, did appear to represent a first time request for the same, although it is acknowledged that is somewhat difficult

to follow, as the attending provider does not appear to have documented the applicant's medications list on each and every office visit. Introduction of Gabapentin was indicated to ameliorate the applicant's ongoing radicular complaints. Therefore, the request was medically necessary.

Retrospective request for Misoprostol 200mg #60 for the service date of 9/9/2014:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events should use a non-selective NSAID in conjunction with either a proton-pump inhibitor (PPI) or Misoprostol, or they should use a COX 2 selective agent. In this case, the attending provider had posited that the applicant was experiencing symptoms of dyspepsia along with ongoing NSAID usage. Introduction of Misoprostol was indicated on or around the date in question to combat the applicant's issues with NSAID-induced dyspepsia. Therefore, the request was medically necessary.

Retrospective request for Tizanidine 4mg #60 for the service date of 9/9/2014: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 09/10/2014, Non-Sedating Muscle Relaxants

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine (or Zanaflex) is FDA approved in the management of spasticity, but can be employed off label for low back pain, as was present here. In this case, the request for Tizanidine of September 9, 2014, did represent a first-time request on the grounds that Cyclobenzaprine neither had been denied nor had failed. Introduction of Tizanidine was indicated, given the applicant's heightened low back and radicular pain complaints. Therefore, the request was medically necessary.

Retrospective request for Medrol Dosepak for the service date of 9/9/2014: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 09/10/2014, Corticosteroids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 308, does note that oral corticosteroids such as Medrol are "not recommended" in the management of low back pain complaints, this is a scenario where the MTUS-adopted ACOEM Guidelines in Chapter 12 have been supplanted by more current evidence. As noted in the Third Edition ACOEM Guidelines Low Back Chapter, glucocorticosteroids such as Medrol are "recommended" for treatment of acute severe radicular pain syndromes for the purpose of obtaining a short-term relief in pain. In this case, the applicant did report an acute flare in radicular complaints scored at 9/10 on the date in question, September 9, 2014. A Medrol Dosepak was indicated to ameliorate the applicant's heightened radicular complaints on or around the date in question. Therefore, the request was medically necessary.

Physical therapy 2 times a week for 8 weeks (16 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Low Back Procedure Summary last updated 08/25/2014, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Part 1: Introduction Page(s): 99 and 8.

Decision rationale: The 16-session course of treatment proposed in and of itself represents treatment well in the excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work on "permanent disability," the attending provider has posited on several occasions, referenced above. Heightened pain complaints were noted on multiple office visits, also referenced above. The applicant remains dependent on a variety of opioid and non-opioid treatments. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for 16 sessions of physical therapy is not medically necessary.

Continuation of pain management visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Knee and Leg Procedure Summary last updated 08/25/2014, Evaluation and Management (E&M)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent follow-up visits are often warranted for monitoring purposes in order to provide structure and reassurance even in applicants whose medical condition is not expected to change appreciably from visit to visit. In this case, the applicant has ongoing chronic pain complaints, which have proven recalcitrant to time, medications, physical therapy, earlier spine surgery, etc. The applicant is using a host of analgesic and adjuvant medications. Frequent follow-up visits with the chronic pain physician are indicated in the clinical context present here. Therefore, the request is medically necessary.