

Case Number:	CM14-0175537		
Date Assigned:	10/27/2014	Date of Injury:	04/29/2013
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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:

Patient is a 35-year-old male who has submitted a claim for status post lumbar decompressive surgery bilaterally at L5 to S1 on 7/29/2014 associated with an industrial injury date of 4/29/2013. Medical records from 2014 were reviewed. Patient complained of persistent low back pain and spasms despite decompressive surgery. However, leg symptoms improved markedly. Patient was able to walk every day for 15 minutes. Intake of medications provided 50% pain relief and allowed him to walk 10 minutes longer. No side effects were reported. Pain was rated 7/10 in severity described as throbbing, and pulsating. Physical examination showed lumbar tenderness, diminished sensation at right L5 and S1 dermatomes, and weakness of bilateral lower extremity muscles rated 4+ to 5 minus/5. Treatment to date has included microlumbar decompressive surgery bilaterally at L5 to S1 on 7/29/2014, and medications such as Percocet, Zanaflex, Prilosec, Neurontin, hydrocodone (since July 2014), and orphenadrine. Current treatment plan is to minimize Percocet use by transitioning patient to Norco. Percocet is prescribed as one tablet every 6 hours, while Norco is prescribed as needed for severe pain. Utilization review from 10/13/2014 modified request for Percocet 10/325 mg, quantity 120 into quantity 100 for the purpose of weaning because long-term opioids treatment was not shown to improve functional capacity. The request for post operative chiropractic treatment 2 x 6 was denied because patient was over 2.5 months out from decompressive lumbar spine surgery; denied hydrocodone/apap 10/325 mg, quantity 30 because of no evidence of pain relief and improved quantity of life upon chronic use; and denied orphenadrine citrate 100 mg ER, quantity 60 because long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Chiropractic treatment 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Manipulation Therapy Page(s): 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient underwent microlumbar decompressive surgery bilaterally at L5 to S1 on 7/29/2014. Patient continued to experience low back pain and spasms; hence, this request for chiropractic care. However, there was no documented rationale why 6 visits cannot suffice at this time to meet guideline recommendation when initiating manipulation therapy. Therefore, the request for Postoperative Chiropractic treatment 2x6 was not medically necessary.

Hydrocodone/APAP 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed hydrocodone and Percocet since July 2014 as lumbar surgery post-operative treatment regimen. Patient reports that opioid therapy has provided 50% pain relief and has allowed him to walk 10 minutes longer. No side effects are reported. Current treatment plan includes decreasing Percocet use by transitioning patient to Norco. Patient is likewise recommended to take Norco on as needed basis only. Guideline criteria for continuing opioid management have been met. Therefore, the request for hydrocodone/apap 10/325 mg, #30 was medically necessary.

Orphenadrine Citrate 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation ODG Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxants Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, patient complained of severe lumbar muscle spasm; hence, prescription of muscle relaxant may be reasonable. However, patient was already taking tizanidine and there was no discussion why adjuvant therapy with orphenadrine was necessary. The medical necessity cannot be established due to insufficient information. Therefore, the request for Orphenadrine Citrate 100mg ER #60 was not medically necessary.

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed hydrocodone and Percocet since July 2014 as lumbar surgery post-operative treatment regimen. Patient reports that opioid therapy has provided 50% pain relief and has allowed him to walk 10 minutes longer. No side effects are reported. Current treatment plan includes decreasing Percocet use by transitioning patient to Norco. Patient is likewise recommended to take Norco on as needed basis only. Guideline criteria for continuing opioid management have been met. Therefore, the request for Percocet 10/325mg #120 was medically necessary.