

Case Number:	CM14-0179475		
Date Assigned:	11/03/2014	Date of Injury:	03/25/1997
Decision Date:	12/09/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 records made available for review, this is a 53-year-old male with a 3/25/97 date of injury, and status post lumbar fusion in 2011. At the time (10/9/14) of the Decision for Oxycontin 10 mg, sixty count, Soma 250 mg, 120 count, Celebrex 200 mg, thirty count, Physical therapy, twice to three times weekly for four to six months, and Acupuncture treatment, four sessions, there is documentation of subjective (chronic pain in the mid back, neck, and low back radiating to the lower extremities) and objective (decreased lumbar range of motion, antalgic gait, tenderness to palpation over the thoracic and lumbar spine, decreased sensation over the left leg, positive facet loading, positive straight leg raise testing, and positive Faber's test) findings, current diagnoses (chronic postoperative pain, lumbar post-laminectomy syndrome, lumbago, and lumbar radiculopathy), and treatment to date (ongoing therapy with Oxycontin, Norco, Soma, Celebrex, and Lyrica since at least 6/3/14 with pain relief; acupuncture (unknown amount) with pain relief, and physical therapy (unknown amount)). Regarding Oxycontin 10 mg, sixty count, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Regarding Soma 250 mg, 120 count, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Regarding Celebrex 200 mg, thirty count, there is no documentation of high-risk of GI complications with

NSAIDs; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Regarding Physical therapy, twice to three times weekly for four to six months, the number of previous physical therapy treatments cannot be determined; and no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding Acupuncture treatment, four sessions, the number of previous acupuncture therapy treatments cannot be determined; no documentation that acupuncture is being used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic postoperative pain, lumbar post-laminectomy syndrome, lumbago, and lumbar radiculopathy. However, despite documentation of chronic pain, there is no (clear) documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects. Furthermore, despite documentation of ongoing treatment with Oxycontin with pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 10 mg, sixty count is not medically necessary.

Soma 250 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic postoperative pain, lumbar post-laminectomy syndrome, lumbago, and lumbar radiculopathy. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 6/3/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of pain relief with Soma, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 250 mg, 120 count is not medically necessary.

Celebrex 200 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic postoperative pain, lumbar post-laminectomy syndrome, lumbago, and lumbar radiculopathy. However, there is no documentation of high-risk of GI complications with NSAIDs. In addition, despite documentation of ongoing therapy with Celebrex with pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Celebrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200 mg, thirty count is not medically necessary.

Physical therapy, twice to three times weekly for four to six months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar radiculopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of chronic postoperative pain, lumbar post-laminectomy syndrome, lumbago, and lumbar radiculopathy. In addition, there is documentation of previous physical therapy. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Furthermore, the proposed number of sessions exceeds guidelines. Therefore, based on guidelines and a review of the

evidence, the request for Physical therapy, twice to three times weekly for four to six months is not medically necessary

Acupuncture treatment, four sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic postoperative pain, lumbar post-laminectomy syndrome, lumbago, and lumbar radiculopathy. In addition, there is documentation of previous acupuncture therapy. However, there is no documentation of the number of previous acupuncture treatments and if the number of treatments have exceeded guidelines. In addition, there is no documentation that acupuncture is being used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore, despite documentation of pain relief with acupuncture, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture treatment, four sessions is not medically necessary.