MAXIMUS Federal Services

Case Number:	CM14-0020889		
Date Assigned:	04/30/2014	Date of Injury:	06/12/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 27 year old male injured worker with date of injury 6/12/12 with related low back pain and down the right lower extremity. Per 2/7/14 progress report, his pain radiates down the right lower extremity (RLE) with numbness and tingling mainly in the posterior lateral thigh, and leg, and at times to the lateral right foot. He had a repeat right L5-S1 transforaminal regional epidural steroid injection 1/17/14, however, he reported that he felt significant relief only the day of the epidural injection and RLE pain was back to 8/10 by the next day. MRI of the lumbar spine dated 8/1/12 revealed straightening of the normal lordotic curvature from muscle spasm or positioning; mild lumbar spondylosis; radial tear/fissure, L5-S1 on the left, this was likely chronic given the disc desiccation at L5-S1. He was refractory to physical therapy, and has been treated with medication management. The date of UR decision was 2/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIVER FUNCTION AND TESTOSTERONE LEVEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 393,Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 393.

Decision rationale: Per ACOEM guidelines, liver function studies are an appropriate way to detect substance abuse and medication toxicity. The injured worker's chronic use of medications supports liver function testing. The MTUS CPMTG states: "Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia."The documentation submitted for review contains no findings consistent with hypogonadism or any other indication that the injured worker may be suffering from low testosterone. As testosterone testing is not medically necessary, the request is not medically necessary. It should be noted that the UR physician has certified a modification of this request for liver function testing only.

CHIROPRACTIC TREATMENT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks."As the MTUS recommends chiropractic treatment, and the documentation contain no mention that it has been previously attempted, the request is medically necessary. I respectfully disagree with the UR physician's assertion that because the injured worker has qualified for epidural steroid injections, they are precluded from new conservative treatments.

NORCO 7.5 MG/325MG 1 TABLET 2-3X DAY AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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."Review of the available medical records reveal no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were available in the documentation. UDS report from 11/6/13 was consistent with prescribed medications, the injured worker has signed a pain management agreement, and it is noted that the provider has been utilizing the CURES database to screen for multiple prescribers. However, since there is no documentation comprehensively addressing functional improvement in the records available for my review, the request is not medically necessary.

CYCLOBENZAPRINE 7.5MG 1 TABLET AT BED TIME AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."The documentation submitted for review indicate that the injured worker has been using this medication since at least 12/2013. As it is recommended for only short-term use, the request is not medically necessary.