

Case Number:	CM14-0024200		
Date Assigned:	06/11/2014	Date of Injury:	04/16/2010
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/26/2014

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 a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 31-year old female with a date of injury of 4/16/10. Her diagnoses include lumbago; chronic pain syndrome; degeneration of lumbar or lumbosacral intervertebral disc; sacroilitis, and lumbosacral spondylosis without myelopathy and depression related to chronic pain. Under consideration are six additional visits of acupuncture, two times per week for bilateral low back pain; Butrans patch 15 mcg/hour #4; Tizanidine 6mg #60; Senokot 836-50mg #120; and Cymbalta 60 mg #30. Her prior treatments have included medication management, physical therapy, pool therapy, an epidural steroid injection, and acupuncture but despite these treatments the pain continued. Per documentation submitted, electrodiagnostic studies on 01/20/11 were within normal limits. It was noted that MRI study on 10/03/13 reportedly revealed a mild broad-based posterior disc bulge at L4-5 and L5-S1 with superimposed annular tears at both levels and mild disc desiccation at L4-5 and L5-S1 consistent with mild changes of degenerative disc disease. An office visit report dated on 6/5/ 14 reveals that; the patient has spinal muscle spasms. Her straight leg raise testing positive bilaterally. Her lumbar range of motion is decreased and painful. She is very tender to palpation around the entire left hip area and over the left trochanter area. She has difficulty with supporting her weight on her left leg .There is decreased touch to the left and right lower extremity. There is normal strength in the BLE (Bilateral Lower Extremities). The gait reveals favoring of the left leg and gait is impaired. The document also states that Butrans was not helpful. The treatment plan includes Tizanidine, and Cymbalta, refill Percocet. There is documentation of an office visit on 01/13/14, where the patient complained of low back pain bilaterally radiating to hips, anxiety, insomnia, frustration, depression related to chronic pain and pain in the mid-thoracic region. It was noted that Tramadol was not effective. The patient was then placed on Percocet and Gabapentin with

mention that the Gabapentin was discontinued. She underwent 8 sessions of physical therapy, which increased her pain. She underwent pool therapy which did not help her. Epidural steroid injections helped for a few months. She was started on Nucynta, but did not tolerate it and eventually was put on Butrans patches. She reported doing well with Butrans patches. She recently finished 6 visits of acupuncture and reported having a lot of pain relief due to the acupuncture. She had stabbing pain in her middle lower back that is gone. She reported a pain score of 8/10. Current medications were Tizanidine 6mg, Cymbalta 60mg, Butrans 20 mcg and Senokot 836-50mg. The document indicates that her pain level, medication use, and function are unchanged from prior visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL VISITS OF ACUPUNCTURE, 2 TIMES PER WEEK FOR THE BILATERAL LOW BACK PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, Acupuncture Medical Treatment Guidelines, the time for acupuncture to produce functional improvement is 3 to 6 treatments. The guidelines state that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). Although the documentation indicates on 1/16/14 that the patient has had benefit from her acupuncture the same document indicates that her pain level, medication use, and function are unchanged from prior visits. Without evidence of functional improvement, the request for 6 additional visits of acupuncture 2 times per week for the bilateral low back pain is not medically necessary.

BUTRANS PATCH 15 MCG/HR #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines, Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation submitted does not reveal that the patient had a history of opiate addiction and has undergone detoxification. The documentation submitted does not reveal evidence of functional

improvement as defined by the MTUS despite the patient taking this medication since at least 2012. The documentation does not indicate significant improvement in pain. Without efficacy of Butrans, the request for continued Butrans patch 15mcg/hour #4 is not medically necessary.

TIZANIDINE 6MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic drugs Page(s): 63,66.

Decision rationale: The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient was started on Tizanidine in May of 2013. The documentation does not indicate evidence of functional improvement as defined by the MTUS. The documentation does not reveal evidence of significant improvement in pain. The request for Tizanidine 6 mg #60 is not medically necessary.

SENOKOT 836-50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that prophylactic treatment of constipation should be initiated when starting opiates. It was determined that Butrans Patch is not medically necessary elsewhere in this review therefore the request for Senokot is not medically necessary. Furthermore, the documentation indicates that the patient has been on long term Senokot and the review of systems continues to states that she suffers from constipation. Therefore, the request for Senokot 836-50mg #120 is not medically necessary.

CYMBALTA 60MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15,16.

Decision rationale: The guidelines state that this medication is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It also used off-label for neuropathic pain

and radiculopathy. The documentation indicates that the patient has depression as well as neuropathic pain. The most recent documentation indicated in June 2014 revealed a positive straight leg raise which would be consistent with neuropathic pain. The patient has a history of depression. He request for Cymbalta 60mg #30 is medically necessary.