

Case Number:	CM14-0034351		
Date Assigned:	07/23/2014	Date of Injury:	05/26/2006
Decision Date:	10/09/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 44-year-old female who reported injury on 05/26/2006. The mechanism of injury was the injured worker lifted a power wheelchair with a client in it, and injured her low back. The surgical history was not provided. Prior therapies included a functional restoration program and massage, as well as a home exercise program and medications. Additional treatment included chiropractic care, Relafen 500 mg once a day, Colace 100 mg tablets 3 times a day, gabapentin 600 mg tablets, senna 8.6 mg 1 at bedtime, and buprenorphine 0.25 mg sublingually up to 3 times a day. The medications were utilized as of at least 10/2013. The documentation of 02/28/2014 revealed the injured worker had complaints of low back pain. The pain was 8/10 with medications. The injured worker's low back pain radiated down the bilateral lower extremities with associated numbness and tingling, extending to the soles of the bilateral feet. The injured worker had been experiencing cramping throughout the entire back and it radiated from the low back up to the neck. The injured worker had been massaging her neck and her back and this had slightly helped relieve some of the tension. The injured worker was utilizing medications with benefit and improved function. The injured worker denied adverse side effects. The injured worker was in need of medication refills. The physical examination revealed the injured worker could ambulate to the examination room without assistance. The injured worker was alert and oriented x3. The injured worker complained of anxiety and depression, but denied hallucinations and suicidal thoughts. The request was made for a psychology consult, and "6 twice a week for 3 weeks sessions" of massage therapy and prescription refills. The diagnoses included lumbar disc displacement without myelopathy. The prescriptions to be refilled include cyclobenzaprine 7.5 mg 1 every 8 hours as needed for pain quantity 90, nabumetone 500 mg 1 twice a day for anti-inflammatory properties #90, Colace 100 mg 1 three times a day for constipation with 5 refills, gabapentin 600 mg #60 for nerve pain,

senna 8.6 mg 1 at bedtime #30, and buprenorphine 0.25 sublingual troches up to 3 times a day. The documentation indicated the injured worker was experiencing a flare up of low back pain with radiation of pain and radicular symptoms into her bilateral lower extremities and the injured worker had found massage to be helpful during flare up, and a request was made for massage therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for Lumbar Spine @ times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The California MTUS Guidelines recommend massage therapy that is limited to 4 - 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The clinical documentation submitted for review indicated the injured worker found massage beneficial. There was a lack of documentation indicating the objective functional benefit that was received. There was a lack of documentation indicating the injured worker had formal therapy. The request as submitted failed to indicate the quantity of sessions being requested. The physician's documentation indicated the request was for 12 sessions, which would be excessive. Given the above and the lack of clarification, the request for Massage Therapy for Lumbar Spine @ times a week for 3 weeks is not medically necessary.

Cyclobenzaprine (Flexeril) 7.5 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. The recommendation is for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit as the injured worker continued to have muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine (Flexeril) 7.5 mg Quantity 90 is not medically necessary.

Nabumetone (Relafen) 500 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. There was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nabumetone (Relafen) 500 mg Quantity 90 is not medically necessary.

Senna 8.6mg Quantity 30: 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend prophylactic treatment of constipation when initiating opioid therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. Additionally, the injured worker was noted to be utilizing Colace and Docusone. There was a lack of documentation indicating a necessity for 2 products for constipation. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senna 8.6mg Quantity 30 is not medically necessary.

Buprenorphine .25 Sublingual Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opioids as a treatment for chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured

worker had side effects. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Buprenorphine .25 Sublingual Quantity 90 is not medically necessary.

Psychology Consult:

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 Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review indicated that the injured worker had complaints of anxiety and depression. However, there was a lack of objective findings. Given the above, the request for a psychology consult is not medically necessary.