

Case Number:	CM14-0035521		
Date Assigned:	07/28/2014	Date of Injury:	05/23/2003
Decision Date:	08/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational Medicine and is licensed to practice in Hawaii. 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 case is a 42-year-old male with a date of injury 5/23/2003. A review of the medical records indicate the patient is undergoing treatment for chronic neck and low back pain, lumbar post laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, myalgia, and cervical myelopathy. Subjective complaints (4/18/2014) include 7-10/10 pain without medication and 5/10 with medication, pain exacerbated by prolonged sitting, walking, standing, bending, and lifting, improved pain with shifting positions and medications. Objective findings reveal (4/18/2014) 5/5 upper extremity strength, symmetric reflex, pain with spurling's sign, and reduced cervical range of motion. Treatment has included cervical spine fusion (5/30/2013), norco, oxycodone, anaprox, and naproxen. A utilization review dated 4/4/2014 modified a request for 6 sessions of physical therapy (original request for 36 sessions) due to need to have a trial series with documented functional improvement before additional sessions, non-certified a request for Motrin due to already on non-steroidal anti-inflammatory drugs (NSAIDs), non-certified a request for Prilosec due to no documented risk factors per guidelines, and non-certified both norco and oxycontin due to existing prescriptions from his primary physician. Subsequently, a utilization review dated 5/24/2014 approved for norco 10/325 #54 and oxycontin 20mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Regarding physical therapy, ODG states 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The surgery date was 5/30/2013 and therefore the post-surgical physical therapy guidelines were not utilized. The non-surgical physical therapy guidelines suggest a trial and documented functional improvement before additional sessions are certified. The original utilization reviews modification from 36 sessions to 6 sessions was appropriate. Medical documents do not indicate any extraordinary objective findings or rationale that would warrant certification of 30 additional sessions without an interim assessment. As such, the request for 36 sessions of physical therapy is not medically necessary.

Unknown prescription of Motrin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: MTUS outlines the use of NSAIDs for specific reasons: -Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.-Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen.-Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief.Specifically for Motrin Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain.The treating physician does not document dosing and amount to be dispense, which are necessary to ensure safe and accurate treatment. Additionally, medical documents indicate that the patient is already taking Anaprox, which is an

NSAID and other pain medication. As such, the request for Unknown prescription of Motrin is not medically necessary at this time.

Unknown prescription of Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS states that if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple transcutaneous electrical nerve stimulation (TENS) (e.g., NSAID + low-dose ASA). And Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for unknown prescription of Prilosec is not medically necessary.

Unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The guideline does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does document some functional improvement with pain medication. A subsequent utilization review has already approved for Norco and weaning should occur, as per guidelines. Additional Norco on top of what is currently approved for is not indicated. As such, the question for unknown prescription of Norco is not medically necessary.

Unknown prescription of Oxycontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: OxyContin is a pure opioid agonist. Guideline does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does document some functional improvement with pain medication. A subsequent utilization review has already approved for Oxycontin and weaning should occur, as per guidelines. Additional Oxycontin on top of what is currently approved for is not indicated. As such, the question for unknown prescription of Oxycontin is not medically necessary.