

Case Number:	CM14-0038795		
Date Assigned:	09/03/2014	Date of Injury:	08/17/2012
Decision Date:	09/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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 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:

The claimant injured her cervical and lumbar spines on 08/17/12. Additional physical therapy 2 times per week for 4 weeks for the low back, 3 lumbar epidural injections to level L5-S1, tramadol 50 mg, Medrox patch, Prilosec, and Flexeril are under review. The tramadol was modified to allow for taper and wean and the other items were not certified. The claimant has had physical therapy and medications. She is status post MRI of the lumbar spine and EMG/nerve conduction studies of all of the extremities. She was also given a lumbar support belt. She saw [REDACTED] on 06/12/13 and had not had any treatment for her back since September 2012. She still had pain in the left lower back down the back and legs. She had full range of motion and strength and normal reflexes. Sensation was subjectively altered on the back and left leg. PT and a home exercise program were recommended. Electrodiagnostic studies were recommended to rule out peripheral entrapment neuropathy. She saw [REDACTED] on 01/29/14 and complained of low back pain at level 7/10. The therapy was started and helped the pain some. She had tenderness on deep palpation and decreased sensation of the left leg below the knee. She saw [REDACTED] on 02/26/14 and still had neck and low back pain that was 8/10 and went down to 6/10 with medication. She had completed 2 sessions of approximately 8 visits of PT. She still was symptomatic. She had difficulty with stiffness and tightness about the neck with radiating pain. Spurling's test was negative. Her low back exam was normal except for tenderness and painful range of motion. Leg raise was positive on the left side at 25. There was decreased sensation on the left leg below the knee area. She was given tramadol 50 mg to take twice a day. She was also prescribed Flexeril and Prilosec for stomach protection. She was awaiting authorization for lumbar epidural steroid injections. On 03/26/14, she saw [REDACTED] again. There was no significant change from the previous exam. She was given refills of tramadol, Flexeril, Prilosec and lumbar ESI's were ordered. She was advised to join a gym and

continue home exercises and weight reduction. On 04/09/14, she saw [REDACTED] for a panel QME. She stated she had at least 16 sessions of physical therapy but it only provided short-term relief and her pain returned to baseline. She received home exercise instruction. She still had 8-10/10 pain that averaged 7/10 and was located in the left side of her low back with numbness in the left posterior leg which was intermittent. Her neck was not as bad. She had no reported weakness in the lower extremities. She had limited lifting capacity. She had slight tenderness and some Waddell's tests were positive. Diagnoses included chronic lumbar and cervical strains with possible mild left S1 radiculitis and a left lumbar disc protrusion at L5-S1. She was not permanent and stationary. Spinal injections were recommended. Physical examination revealed reflexes, sensation, and strength were intact but her effort was submaximal. On 04/23/14, she saw [REDACTED] and her physical findings were unchanged. Lumbar epidural steroid injections were pending. On 05/21/14, she remained symptomatic. There was no significant change. She was prescribed Soma and naproxen. On 06/18/14, there was stiffness, tightness, and pain of the lower lumbar musculature. Otherwise there was no change in her condition. A TENS unit was recommended for home use along with refills of her medications. On 07/16/14, a TENS unit was ordered. On 08/13/14, she was seen again and continued to have the same pain. The same recommendations were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times per week for 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, For Chronic Pain (<<http://www.odg-twc.com/odgtwc/pain.htm>>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE TREATMENT Page(s): 130.

Decision rationale: The MTUS states that physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has attended what should have been a reasonable number of PT visits and there is no clinical information that warrants the continuation of PT for an extended period of time. She has reported that physical therapy, which she attended for at least 16 visits, only provided her with temporary pain relief. There is no evidence that the claimant is unable to complete her rehab with an independent HEP and ongoing HEP has been recommended on several occasions. The medical necessity of an additional 8 visits of physical therapy for the low back has not been clearly demonstrated.

Series of 3 lumbar epidural steroid injections to L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/Low_Back.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a series of three lumbar epidural steroid injections at level L5-S1. The MTUS states that ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. There is no clear objective evidence of radiculopathy at the level to be injected on physical examination and no indication that the ESIs are being recommended in an attempt to avoid surgery. There is no MRI that demonstrates the presence of nerve root compression at level L5-S1. The MTUS do not support a series of three injections as the response to each injection, including level of pain relief and duration, must be assessed after each injection. The medical necessity of this request for a series of three lumbar ESIs at level L5-S1 has not been clearly demonstrated.

Tramadol 50 mg (unknown quantity): 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
TRAMADOL; MEDICATIONS FOR CHRONIC PAIN Page(s): 145; 94.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50 mg. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs such as acetaminophen and anti-inflammatories. The claimant has also been prescribed naproxen. The expected benefit or indications for the use of this medication have not been stated. The MTUS further state s that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should

remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The medical necessity of tramadol has not been clearly demonstrated.

Medrox Patch (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Medrox patches. The MTUS state that topical agents may be recommended as an option, but they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other medications and it is not clear what additional benefit may be expected from the use of a topical patch. The MTUS further states that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The medical necessity of this request for Medrox patches has not been clearly demonstrated.

Prilosec 20 mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape at <http://reference.medscape.com/drug/prilosec-omeprazole-341997>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20 mg. The MTUS states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may be recommended (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI

conditions or increased risk to support the use of this medication. The medical necessity of this request has not been clearly demonstrated.

Flexeril 7.5 mg (quantity unknown): 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
CYCLOBENZAPRINE Page(s): 74.

Decision rationale: The MTUS states that Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Additionally, MTUS and ODG state that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Flexeril 7.5 mg is not medically necessary.