

Case Number:	CM14-0045120		
Date Assigned:	08/06/2014	Date of Injury:	11/23/2011
Decision Date:	09/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Interventional Spine 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 patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 psychiatry report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. [REDACTED] states the medications have helped alleviate his pain, and the Dr. recommends refills of Ambien, Protonix; Gabapentin; Percocet and Soma; and requests authorization for a TENS unit; acupuncture (2x6); and EMG/NCV of BLE. On 3/19/14, UR modified the requests to allow 6 sessions of acupuncture; allow the EMG without NCV of lower extremities; authorize the refill of Ambien; authorize refill of Protonix; deny refill of gabapentin, Percocet and Soma; modify TENS to allow a 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This IMR review is for Acupuncture 2x6. The UR decision was to modify the request to allow 6 sessions. The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. The available records do not mention of prior acupuncture treatment. The available records are from 10/10/13 through 3/14/14, and a 7/22/13 AME report. The MTUS acupuncture guidelines, state that if acupuncture is going to be effective, there should be some evidence of functional improvement within the first 3-6 sessions. The guidelines state that if there is documented functional improvement, then the treatments may be extended. The request for the initial acupuncture 2x6 exceeds the MTUS/Acupuncture guidelines recommended number of sessions necessary to document functional improvement. Therefore, the request is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This IMR request is for EMG/NCV BLE. UR had modified the request to allow the EMG portion without the NCV of the BLE. The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. The MTUS/ACOEM guidelines recommend the EMG for lower back pain to evaluate for neurologic dysfunction. The H-reflex is a portion of the NCV, but is not a complete NCV study. ODG guidelines discuss the NCV study separately. The NCV would be appropriate if there were some consideration for peripheral neuropathy. The 2/24/14 report does not discuss or provide evidence for peripheral neuropathy. The EMG portion of the request is in accordance with MTUS/ACOEM guidelines. The NCV study is not in accordance with ODG guidelines. The IMR process does not allow for partial certification, so the request for EMG with NCV, does not meet ODG criteria and cannot be recommended. Therefore, the request is not medically necessary.

Ambien refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The 3/19/14 UR letter shows that the refill of Ambien was authorized. The IMR for the approved refill is likely a moot point. The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. The available records show the patient has been using Ambien since at least 10/10/13. ODG guidelines state this is for short-term use, usually 2-6 weeks. So continuous use of Ambien for 5 months is not in accordance with ODG guidelines. Therefore, the request is not medically necessary.

Protonix refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptoms Page(s): 68.

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

Decision rationale: The 3/19/14 UR letter shows that the refill of Protonix was authorized. The IMR for the approved refill is likely a moot point. The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. MTUS guidelines states a PPI such as Protonix can be used on a prophylactic basis if the patient is at risk for GI events, or if there is dyspepsia secondary to NSAID use. The boxed label indication for Protonix is for GERD and erosive esophagitis or Zollinger-Ellison Syndrome. The available records do not discuss any of the MTUS risk factors for GI events, there is no mention of GERD, dyspepsia or any of the boxed label indications. The use of Protonix, based on the provided information, is not in accordance with MTUS guidelines, and would not be recommended. Therefore, the request is not medically necessary.

Gabapentin refill: 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 Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The IMR request is for a refill of Gabapentin. The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. MTUS Guidelines recommend anti-epilepsy drugs (AEDs) such as gabapentin for neuropathic pain. The patient is reported to have a failed back surgery syndrome with neuropathic pain down the legs. He has been taking gabapentin since at least 7/22/13. MTUS guidelines for AEDs outcomes states: Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. None of the medical reports provided for IMR from 7/22/13 through 3/14/14 discuss efficacy of gabapentin. It is not known if gabapentin is producing a 30% reduction in pain. The continued use of gabapentin cannot be confirmed to be in accordance with MTUS guidelines. There does not appear to be use of any other first-line agent, or combination therapy. Therefore, the request is not medically necessary.

Percocet refill: 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 Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The IMR request is for a refill of Percocet the patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. The physician states the medications help alleviate the pain, but does not provide baseline measurements for comparison. There was no use of a numeric scale or validated instrument for assessing pain and function. The MTUS criteria for opioids require documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.

Soma refill: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The IMR request is for a refill of Soma. The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. The records show the patient has been on Soma since at least 7/22/13. MTUS guidelines state that Soma is not recommended for longer than a 2-3 week period. The continued use of Soma for over 8 months exceeds the MTUS recommendations. Therefore, the request is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: The patient is a 47 year-old male with an 11/23/11 date of injury. According to the 2/24/14 physiatrist report from [REDACTED], the patient presents with continued lower back pain, with numbness and tingling in the bilateral lower extremities. He has difficulty sleeping. The patient has diarrhea, but denies constipation, upset stomach, fever, chest pain or ER visits. He has been diagnosed with lumbago; anxiety; depression; failed back surgery syndrome; degenerative disc disease; chronic pain syndrome; opioid dependency; and gastritis. MTUS criteria for a TENS unit includes evidence that pain modalities including medications have failed, and also a one-month trial of TENS. The provided medical records do not document failure or efficacy of medications, and there is no documentation of a 30-day trial of TENS. The MTUS criteria for TENS have not been met at this time. Therefore, the request is not medically necessary.

