

Case Number:	CM14-0048479		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2007
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/16/2014

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 41-year-old male with a date of injury of 07/11/2007. The listed diagnoses per [REDACTED] are failed back syndrome of the lumbar spine and dizziness/vertigo. According to progress report 03/27/2014 by [REDACTED], the patient presents with chronic back pain with post-laminectomy syndrome. The patient reports an increase in pain with flexion and extension. Medication regimen includes Neurontin 300 mg, Norco 7.5 mg, and Soma 350 mg. His pain is decreased in severity of greater than 50%, without any adverse effects with medications. On 02/06/2014, the patient reported continued dizziness and lightheadedness, for which he underwent a vestibular rehabilitation. The treater states the patient has not yet had the second VAT to reassess for progress. The request is for chiropractic treatments 2 times a week for 3 weeks, 2nd vestibular test, Soma 350 mg #90, Hydrocodone 7.5 mg #120 and Neurontin 300 mg #180. Utilization Review denied the requests on 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: This patient presents with chronic back pain with post-laminectomy syndrome. The treater is requesting Chiropractic treatment 2 times per week for 3 weeks. Review of the medical file including reports from 08/01/2013 to 03/27/2014 provides no chiropractic treatment history. Utilization Review from 04/01/2014 does indicate the patient has had chiropractic treatment in the past with no documented functional improvement. The dates of these prior treatments were unnoted. MTUS recommends an optional trial of six visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. With documentation of functional improvement from prior treatments, MTUS allow for up to 18 visits. Labor code 9792.20(e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. In this case, there is lack of documented functional improvement from prior chiropractic treatments to warrant additional treatment. Recommendation is not medically necessary.

Vestibular test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure Summary.

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

Decision rationale: This patient presents with chronic back pain with post-laminectomy syndrome. The treater is requesting a second Vestibular test to reassess for progress following participation in Vestibular rehabilitation. Utilization denied the request stating there is no clear discussion as to when the claimant attended the last treatment and response has not been outlined. The ACOEM and MTUS guidelines do not discuss Vestibular test. The Official Disability Guidelines (ODG) under its Head chapter has the following regarding Vestibular studies, Recommended as indicated below. Vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. In this case, the patient has undergone a vestibular study and subsequently participated in Vestibular rehabilitation. The treater is requesting a repeat study to reassess for progress. Given the patient's complaints of dizziness and diagnosis of vertigo, a second Vestibular test is reasonable and recommendation is medically necessary.

Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Non-Sedating Muscle Relaxants.

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

Decision rationale: The MTUS Guidelines page 63 regarding muscle relaxants states, recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exasperations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. This patient presents with chronic back pain with post-laminectomy syndrome. The treater is requesting a refill of Soma 350 mg #90. The MTUS Guidelines page 63 regarding muscle relaxants states, recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Review of the medical file indicates the patient has been taking Soma since at least 03/12/2013. Muscle relaxants are recommended for short-term use only. Recommendation is not medically necessary.

Hydrocodone 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic back pain with post-laminectomy syndrome. The treater is requesting a refill of hydrocodone 7.5 mg #120. Page 78 of MTUS requires Pain Assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, activities of daily living (ADL's), adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been taking hydrocodone since at least 03/12/2013. Progress reports from 03/21/2013 to 03/27/2014 does indicate that pain medications provide pain relief, but there are no discussion of specific functional improvement as required by MTUS. Given the lack of sufficient documentation warranting long-term opiate use, the patient should slowly be weaned off Hydrocodone as outlined in MTUS Guidelines. Recommendation is for not medically necessary.

Neurontin 300mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with chronic back pain with post-laminectomy syndrome. The treater is requesting a refill of Neurontin 300 mg #180. Utilization review modified the certification from #180 to #60 to allow opportunity for submission of medication compliance guidelines. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin; Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. Review of the medical file indicates the patient has been taking this medication since at least 03/12/2013. The patient reports decrease in severity of pain greater than 50% with medications. Furthermore, the patient states Neurontin helps with his neuropathic pain symptoms. Recommendation is medically necessary.