

Case Number:	CM14-0057434		
Date Assigned:	08/06/2014	Date of Injury:	11/03/1994
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 and 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 58-year-old female with a date of injury of 11/03/1994. The listed diagnoses per Dr. [REDACTED] are: lumbar sprain, failed back syndrome and chronic low back pain. According to progress report 03/04/2014, the patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. Examination revealed DTR 2+ except left Achilles 1+, sensation intact but diminished in the right leg, and MMT 5/5. Myofascial trigger points palpated along the lumbar paraspinous muscles with radiation to the buttocks. The treating physician is recommending psychological pain counseling monthly for 1 year, trigger point injections x8 to the right L4 to S1 paraspinous and right gluteus medius and piriformis muscles, Provigil 200 mg, Soothe eye drops 0.50oz for medication-induced eye dryness, tizanidine 2 to 4 mg #150 for acute exacerbations of chronic pain, and TheraCare patches #60. Utilization review denied the request on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Psychological Pain Counseling monthly x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions).

Decision rationale: This patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. The treating physician is recommending patient continue with psychological pain counseling monthly for 1 year. Utilization review denied the request stating "there is currently insufficient documentation of functional improvement from previous therapy sessions." The MTUS Guidelines recommend psychological treatments for chronic pain. For cognitive behavioral therapy, MTUS recommends initial trial of 3 to 4 psychotherapy over 2 weeks and additional visits for total of 6 to 10 visit with functional improvement. Psychotherapy report from 04/30/2013 indicates the patient was authorized 6 psychotherapy appointments. Treating physician indicates the patient has significant source of depression and psychotherapy is to help patient with chronic pain, associated cognitive problems, anxiety and depression. Psychotherapy report 06/30/2013 and 10/31/2013 provides same discussion. It appears the patient has participated in 6 psychotherapy sessions without documentation of functional improvement to warrant additional treatment. Furthermore, treating physician's request for 12 additional treatments exceeds what is recommended by MTUS. The request is considered not medically necessary.

Trigger Point Injections to right L4-L5 paraspinous and right gluteus medius and piriformis muscles x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: This patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. The treating physician is requesting 8 trigger point injections to the right L4-L5 paraspinous and right gluteus medius and piriformis muscles. The MTUS Guidelines has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that "all criteria need to be met including documentation of trigger points (circumscribed trigger

points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc." In this case, the treating physician noted on examination myofascial trigger points but there was no evidence of "twitch response" or taut bands as required by MTUS. The request is considered not medically necessary.

Provigil 200mg, qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 03/21/13), Provigil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Provigil: Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. (Tembe, 2011) For more information see also Modafinil (Provigil®), where it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Recently Cephalon produced a campaign advertising Nuvigil's ability to help shift workers stay alert on the job without impeding their ability to sleep during the day. The FDA is conducting an investigation into the possibility that this advertising or promotional information may have violated current regulations. (SEC, 2011).

Decision rationale: This patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. The treating physician is requesting Provigil 200 mg #30. Utilization review denied the request stating "there is no documentation of symptomatic or functional improvement from its previous use." The ACOEM and MTUS Guidelines do not discuss modafinil. However, Official Disability Guidelines (ODG) has the following regarding Provigil, "not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil." Review of the reports do not discuss why this medication was prescribed and a rationale was not included. There is no documentation of excessive sleepiness due to narcolepsy or other sleep disorder. The request is considered not medically necessary.

Soothe eye drops 0.5 oz, qty 1: 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 Other Medical Treatment Guideline or Medical Evidence: Bausch + Lomb Soothe Lubricant Eye drops. www.bausch.com Dry Eye Products Dry Eye Products Soothe Hydration Lubricant Eye Drops Soothe Hydration Lubricant Eye Drops soothe-hydration-eye-drops Soothe Hydration Lubricant Eye Drops provides dry eye therapy that moisturizes, comforts, and protects against further irritation. When eyes get dry, tired & uncomfortable, relieve them with Soothe Hydration! Similar to natural tears, Soothe Hydration moisturizes, comforts, and protects against further irritation. Soothe Hydration contains Povidone, a demulcent which forms a lubricating, protective layer that retains moisture on the surface of the eye and in essence helps the formulation to supplement the aqueous layer of the tear film. Gentle formula, comforting Clear, non-blurry formula Instant hydration Similar to natural tears Key Features & Benefits Moisturizes, comforts, and protects against further irritation Clear, non-blurry formula Active Ingredients Povidone (1.25%) - Lubricant Uses relieves dryness of the eye prevents further irritation.

Decision rationale: This patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. The treating physician is requesting Soothe eye drops 0.5 ounce for medication-induced dry eyes. Utilization review denied the request stating there is insufficient documentation to establish the medical necessity for this treatment. Soothe Eye drops are over-the-counter lubricant eye drops by [REDACTED]. MTUS, ACOEM and ODG do not discuss the use of Soothe Eye drops for dry eyes caused by medication intake. The patient appears to suffer from dry eyes from the use of Tizanidine which often has side-effects of dry mouth as well. Based on generally accepted standards of medical practice Lubricant eye drops can be used to treat dry eye. A 0.5 oz. bottle of Soothe Eye drops is not reasonable and the request is considered not medically necessary.

Tizanidine 2-4mg (dose not specified), qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. The treating physician is requesting a refill of tizanidine 2 to 4 mg #150. Utilization review denied the request stating that specific dose was not specified. The MTUS Guidelines allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. Given the patient continued pain, Tizanidine may be indicated but the treating physician does not discuss the effectiveness of this medication to warrant continuation.

MTUS requires "documentation of pain assessment and functional changes when medications are used for chronic pain." The request is considered not medically necessary.

Thermacare Patches, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation 2014 on the web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com), (updated 02/14/12), Cold/heat packs; Official Disability Guidelines, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding heat therapy:(http://www.odg-twc.com/odgtwc/low_back.htm#TreatmentPlanning)Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. (Nadler-Spine, 2002) (Nadler, 2003) (Lurie-Luke, 2003) (Berliner, 2004) (Lloyd, 2004) One study compared the effectiveness of the Johnson & Johnson Back Plaster, the ABC Warmer-Pflaster, and the Procter & Gamble ThermoCare HeatWrap, and concluded that the ThermoCare HeatWrap is more effective than the other two. (Trowbridge, 2004) Active warming reduces acute low back pain during rescue transport. (Nuhr-Spine, 2004) Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. (Mayer-Spine, 2005).

Decision rationale: This patient presents with low back pain that is sharp in nature and rated as 9/10 on a pain scale. The treating physician is requesting TheraCare Heat patches #60. Utilization review denied the request stating "generally not recommended after the acute phase of injury." The ACOEM Guidelines 300 states, "At-home local applications of heat or cold are as effective as those performed by therapists." (ODG) guidelines consider heat therapy as a recommended option. In this case, the treating physician provides monthly prescription of TheraCare patches #60 to be utilized twice daily. Review of monthly progress reports provide no discuss of how these patches are working and if they are providing any time of relief. MTUS requires "documentation of pain assessment and functional changes when medications are used for chronic pain." The request is considered not medically necessary.