

Case Number:	CM14-0063898		
Date Assigned:	08/08/2014	Date of Injury:	07/07/2010
Decision Date:	09/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/06/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy-microdiscectomy surgery at L5-S1; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated April 14, 2014, the claims administrator apparently partially certified a request for Mobic and gabapentin while denying Prilosec, Nucynta, Ambien, Robaxin, a TENS unit, and ergonomic chair. On March 3, 2014, the applicant presented with persistent complaints of low back pain and bronchial asthma. A TENS unit for home therapy was endorsed, apparently for a 60-day rental. An ergonomic chair was also sought in light of the applicant's persistent complaints of low back pain and stiffness. Prilosec was endorsed for gastritis secondary to NSAID use, along with Nucynta, Neurontin for radiculitis and neuropathic pain, Robaxin, Mobic, and Ambien. The applicant was described as already permanent and stationary. It was not stated whether or not the applicant was or was not working. On November 18, 2013, the applicant presented with 7/10 low back pain with persistent radicular complaints. The applicant had issues with asthma, it was further noted. A 60-day trial of a TENS unit was sought, along with an ergonomic chair, Nucynta, Neurontin, Robaxin, Mobic, and Prilosec. The applicant was again declared permanent and stationary. The applicant was apparently being seen on an as-needed basis. It was not stated or readily apparent whether or not the applicant was or was not working with said permanent limitations in place. There was no mention of medication efficacy on either this or the subsequent March 3, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit, 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of the Page(s): 116.

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of a TENS unit in applicants with chronic intractable pain of greater than three months' duration, in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, in this case, however, the request represents a rental of a TENS unit twice MTUS parameters, at 60 days. No rationale for treatment at a rate twice that endorsed by the MTUS was proffered by the attending provider. Therefore, the request was not medically necessary.

Ergonomic chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ergonomics Interventions Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 9 does acknowledge that all seating should be fully adjustable to accommodate workers of different heights and body habits. In this case, however, the attending provider has not outlined whether or not the applicant is, in fact, working. It is not clearly stated what the issues are with the applicant's current chair. It has not been clearly stated that the applicant is, for instance, working, and has had an ergonomic evaluation establishing that the applicant's current chair is the source of her complaints. Therefore, the request is not medically necessary.

Prilosec 20mg: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-

induced dyspepsia, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined how (or if) ongoing usage of omeprazole has been effective here and/or ameliorated the applicant's issues with dyspepsia. Therefore, the request is not medically necessary.

Nucynta (dosage and quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidences of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, it is not clearly stated whether or not the applicant is working with permanent limitations in place. The applicant continues to report pain in the 7/10 level or greater, the attending provider has posited. There has been no clear documentation or description of what (if any) functions have been ameliorated as a result of ongoing Nucynta usage. Therefore, the request is not medically necessary.

Neurontin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-18.

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin or Neurontin should be asked "at each visit" as to whether there have been improvements in pain or function with the same. In this case, the attending provider has not outlined what tangible or material decrements in pain or improvements in function have been achieved as a result of ongoing Neurontin usage. The fact that the applicant remains reliant on opioid therapy with Nucynta, continues to report pain in the 7/10 level or greater, and has permanent work restrictions renewed, seemingly unchanged, from visit to visit, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Neurontin usage. Therefore, the request is not medically necessary.

Robaxin (dosage and quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of muscle relaxants such as Robaxin as a second-line, short-term treatment for acute exacerbation of chronic pain, in this case, however, the attending provider has not outlined how often and/or how frequently Robaxin is being employed. As with the other medications, the attending provider has, furthermore, failed to outline any compelling evidence of medication efficacy with Robaxin and/or other medications. Therefore, the request is not medically necessary.

Mobic (dosage and quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no discussion of how (or if) ongoing usage of Mobic has been effective here. The fact that permanent work restrictions are seemingly renewed, unchanged, from visit to visit, coupled with the fact that the applicant remains reliant on opioid agents such as Nucynta, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Mobic usage. Therefore, the request is not medically necessary.

Ambien 10mg #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 (ODG) - Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic on Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding use of the same and should, furthermore, furnish some evidence to support

such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, it appears that the attending provider is intent on employing Ambien for chronic, long-term, and scheduled use purposes. No applicant-specific rationale or medical evidence for the same was proffered in the face of the unfavorable FDA position on long-term usage of Ambien. Therefore, the request is not medically necessary.