

Case Number:	CM14-0134921		
Date Assigned:	08/27/2014	Date of Injury:	02/17/2006
Decision Date:	04/13/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 injured worker is a 56 year old male, who sustained an industrial injury on 2/17/2006. The diagnoses have included disc herniation at L3-4 with severe neural foraminal stenosis status post decompression on 9/4/2013 with residual back pain, anterior posterior fusion at L4-L5 and L5-S1 with residual chronic low back pain, bilateral sacroiliitis and facet arthropathy at L3-L4 bilaterally. Treatment to date has included physical therapy and medication. According to the secondary treating physicians' comprehensive pain management consultation and report dated 6/25/2014, the injured worker complained of continuous pain in his right shoulder with pain radiating to his neck and down into his armpit. He complained of intermittent pain in his right forearm with pain radiating to his hand. He complained of continuous right wrist/hand pain with pain radiating up to his arm and down into his fingers. The injured worker complained of continuous pain in the lower back with pain radiating to the bilateral lower extremities. The injured worker used a single point cane for ambulation. Exam of the lumbar spine revealed tenderness to palpation over the L3-S1 and bilateral sacroiliac (SI) joints. Treatment plan included medial branch blocks for the L3-4 facet joints, percutaneous stimulation, continue physical therapy for the lumbar spine and bilateral lower extremities and medications. On 7/22/2014, Utilization Review (UR) non-certified requests for Medial Branch blocks L3-L4 facet joints to include the L2 and L3 medial branches, percutaneous stimulation, physical therapy to the lumbar spine two times a week for four weeks, physical therapy to the lower extremities two times a week for four weeks, Retro-Ultram ER 100mg daily #30, Retro-Norco 10/325mg one by mouth three times a day for breakthrough pain #90, Retro-Zanaflex 4mg one by mouth

three times a day as needed for spasm and neuropathic pain #90 and Retro-Senokot S two tablets by mouth twice a day for constipation #120. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks L3-L4 facet joints to include the L2 and L3 medial branches bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Chapter, Facet Joint Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, facet block.

Decision rationale: The medical records provided for review report back pain but do not document physical examination findings consistent with facet mediated pain. Further ODG guidelines do not support more than 2 facet injection in the case of an injured worker having demonstrated physical exam findings of facet mediated pain. The medical records provided for review do not demonstrate findings in support of two bilateral L2 and L3 facet injections congruent with ODG.

Percutaneous stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Percutaneous Stimulation.

Decision rationale: The use of percutaneous stimulation therapy is not supported by ODG guidelines. The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy. Therefore the request is not medically necessary.

Physical therapy to the lumbar spine and lower extremities, 2 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pt Page(s): 174.

Decision rationale: The medical records indicate PT eval for the lumbar spine with physical examination noting strength decrease and reduced ranged of motion. MTUS supports PT for identified deficits with goals of therapy. The medical records support the presence of strength deficits for which PT may benefit the insured.

Retrospective request for Ultram ER 100mg, QTY: 30, for the service date of 06/25/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.

Retrospective request for Norco 10/324mg, QTY: 90, for the service date of 06/25/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to

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Retrospective request for Zanaflex 4mg, QTY: 90, for the service date of 06/25/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity Page(s): 66.

Decision rationale: The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of zanaflex congruent with MTUS.

Retrospective request for Senokot-S, QTY: 120, for the service date of 06/25/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Purdue Pharma (2005), Senokot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioid induced constipation.

Decision rationale: ODG guidelines support use of medication such as colace for opioid induced constipation. ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. As the medical records do not support use of opioids, the use of senna is not supported as medically necessary.