MAXIMUS Federal Services

Case Number:	CM14-0162018		
Date Assigned:	10/07/2014	Date of Injury:	11/18/2013
Decision Date:	04/09/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/02/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 11/18/2013. She has reported subsequent back, neck and right lower extremity pain and was diagnosed with status post lumbar fusion, cervical strain with radiculopathy, cervicogenic headaches and cauda equina syndrome with neurogenic bladder. Treatment to date has included oral pain medication, chiropractic therapy, TENS unit and physical therapy. In a progress note dated 08/06/2014, the injured worker complained of continued low back pain that was rated as 3/10 with medication and 9/10 without medication. Objective physical examination findings were notable for decreased range of motion of the lumbar spine with paralumbar muscle spasm bilaterally. The patient has had decreased sensation in right foot, decreased muscle strength, positive spaurling sign and positive SLR. The physician noted that additional chiropractic sessions were being requested for the low back as they had been helpful at reducing flare-ups of pain, that Senokot was being requested to regulate bowel movements and Lyrica was being increased as it was the only medication that was helpful. He has had MRI of the lumbar spine on 08/2014 that revealed post operative changes. The patient has used a TENS unit Patient has received an unspecified number of PT and chiropractic visits for this injury The patient had received ESI for this injury The medication list include nabumatone, lyrica, Miralax, Senakot and Oxycodone She has had a urine drug toxicology report on 11/30/13 that was positive for Oxycodone, Oxymorphone and Benzodiazepine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatments (12-visits for the low back): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Request: Additional Chiropractic visits for low back qty.12. Per the MTUS guidelines regarding chiropractic treatment, One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. In addition the cite guideline states Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Patient has received an unspecified number of PT and chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Additional Chiropractic visits for low back qty.12 is not fully established for this patient.

Senakot 8.6mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex.

Decision rationale: Senakot 8.6mgACOEM/CA MTUS and ODG do not address this request.Senokot contains senna. According to the Thompson Micromedex Senna is stated to possess cathartic properties (leaf greater than fruit) and has been used traditionally for constipation. Patient is already taking Miralax for constipation. A rationale for the use of a another medicine for constipation, is not specified in the records provided. A detailed history related to the constipation including the severity, as well as the response to the Miralax is not

specified in the records provided. The medical necessity of the request for Senakot 8.6mg is not fully established in this patient.

Lyrica 675mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

Decision rationale: Lyrica 675mg. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, recommended for neuropathic pain (pain due to nerve damage. Regarding lyrica/ pregabalin, Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. The patient's surgical history include lumbar fusion, the patient has had cervical strain with radiculopathy, cervicogenic headaches and cauda equina syndrome with neurogenic bladder. The patient has had decreased sensation in right foot, decreased muscle strength, positive spurling sign and positive SLR. The patient therefore has chronic myofascial pain along with neurological involvement It is deemed that the use of Lyrica is medically appropriate and necessary.