MAXIMUS Federal Services

Case Number:	CM14-0175703		
Date Assigned:	12/12/2014	Date of Injury:	03/29/2005
Decision Date:	01/20/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 3/29/2005 when stacked tables fell and struck the back of her left leg, pushing her forward. She was diagnosed with lumbar disc disease, lumbar radiculopathy, neuralgia/neuritis/radiculitis, lumbar spasm, and fibromyalgia. She was treated with physical therapy multiple times over the years which reportedly did not help, according to the notes provided. She was also treated with various medications, surgery (lumbar x 2), and epidural injections. She also has a history of migraines going back to 2002. On 9/16/14, the worker was seen by her pain specialist complaining of her persistent low back and hip pain. The lumbar pain radiates to her left hip and groin area. She reported her left leg giving out recently causing her to fall, which has happened several times over the years, even since before her lumbar surgeries. She reported her pain medications helping reduce her pain by "over 50%" allowing her to function in her essential activities of daily living. She also reported myofascial pain in her neck and upper back/right shoulder area, for which she was already recommended physical therapy, but was not approved due to lack of documentation provided to show benefit with previous therapy on that area. She reported taking Celexa, Theophylline, ProAir, Ventolin, Amitiza, Robaxin, Imitrex, Ambien, Fentanyl, Hydrocodone, Lidocaine, and Topamax. The physical examination findings included tenderness of bilateral paraspinal muscles with trigger points in head and neck, positive straight leg raise, trigger points and tenderness of lumbar paraspinal muscles, antalgic gait, and normal strength except in left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the neck and upper back is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for upper back and neck myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, has been reporting upper back, neck, and shoulder pain contributing to headaches at times. Upon review of the documents provided, it is not clear to the reviewer how upper body complaints are connected to the injury from 2005 involving her leg and lower back. However, assuming they connected, her history of previous physical therapy for her shoulder and neck was not detailed enough in the notes provided for review to show number of sessions and response as well as ability to perform home exercises for these body parts. Therefore, due to lack of evidence to show benefit and that she has not already exhausted a reasonable number of sessions of supervised physical therapy for these areas, the additional physical therapy will be considered medically unnecessary. Focus on refining her home exercise routine for her neck and shoulder seems a more appropriate approach if she has exhausted her recommended physical therapy sessions, which there was no evidence to suggest that she was unable to perform. Therefore, the request is not medically necessary.

1 prescription of Amitiza 24 mcg, #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-Induced Constipation Treatment and Lubiprostone (Amitiza).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives or other medications as needed may be considered. Lubiprostone (Amitiza) is considered a second-line treatment option for opioid-induced constipation once first-line options have been fully tried and failed. In the case of this

worker, she was recommended Amitiza and had been using it chronically for some time leading up to this request with frequent renewals. However, upon review of the documents provided for review, there was insufficient evidence to suggest that she had fully tried first-line therapies for her constipation related to her opioid use before considering Amitiza as a second-line choice. Therefore, without this evidence of trial and explanation as to why Amitiza is requested over other therapies, the Amitiza is considered medically unnecessary to continue. First-line therapy for constipation is recommended.

1 prescription of Robaxin 750 mg: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she has been experiencing chronic low back pain and upper back and neck/shoulder pain with muscle tenderness and trigger points. She had been using Robaxin chronically leading up to this request, which is not a recommended use for this type of medication. Also, there was no report in any recent note which suggested it by itself was providing any functional benefit with its chronic use. Also, there was no evidence of the intention to prescribe this medication being for short-term use for an acute flare-up, for which there also was no evidence. Also, the number of pills was not provided in the request. Therefore, considering all of the above, the Robaxin seems medically unnecessary to continue.

1 prescription of Imitrex 50 mg, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Section.

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

Decision rationale: The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. Upon review of the documents provided for review in this case, there is not a clear connection between her migraines and her injury on 2005 involving her leg and lower back. The migraines reportedly existed before this injury in 2005. Assuming there is still a connection, however, there was no report on how often

this medication was used and if it was still effective, which is required for continual renewals. Therefore, considering the above reasons, Imitrex will be considered medically unnecessary.