MAXIMUS Federal Services

Case Number:	CM14-0186583		
Date Assigned:	11/14/2014	Date of Injury:	10/25/2011
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 & 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 36 year old female with an injury date of 01/25/11. Per the 10/23/14 report by Dr.[redacted]. the patient presents with aching and lancinating pain in the lower back and left lower extremity. The patient's gait is mildly antalgic and she is not working. Examination on 09/25/14 reveals tenderness on palpation in the "region concordant with the patient's described area of pain." Deep palpation results in the distal radiation of the pain with a globally and regional reduced range of motion. Muscle strength is reduced in the plantar flexor muscles. She is not able to heel-toe walk. Further examination shows palpable taut bands in the area of pain and there appears to be soft tissue dysfunction and spasm in the thoracic and lumbar paraspinal regions. Straight leg raise on the "affected side" reproduces radicular symptoms. Her Achilles reflex is decreased and sensation in the region shows dystesthetic sensations throughout the "affected area". The patient's diagnoses include: 1. Lumbar disc displacement without myelopathy 2. Myalgia and myositis not otherwise specified 3. Encounter for long-term use of other medications.The 01/16/14 operative report Left L5-S1 laminectomy is includedSeven physical therapy reports from 03/27/14 to 05/30/14 are included. Current medications are listed as MsContin, Omeprazole, Oxydocone, and Venlafaxine. The utilization review being challenged is dated 10/29/14. The rationale regarding the Left trochanteric bursa injection is that the patient did not present with hip pain indicative of trochanteric bursitis. Reports were provided from 03/27/13 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left trochantric bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), trochantric bursa injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Trochanteric bursitis injections

Decision rationale: TThe patient presents with lower back and left lower extremity pain. The treater requests for 1 Left Trochanteric Bursa Injection. ODG guidelines, Hip and Pelvis Chapter, Trochanteric bursitis injections states, "Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity." The treater states on 10/23/14, "She could benefit from a left trochanteric bursa injection to the area of point tenderness over her left bursa." In this case, examinations from 08/28/14 to 10/23/14 do not document point tenderness over the left bursa. The reports do not show discussion of trochanteric bursitis/pain, and the patient does not have a diagnosis of trochanteric bursitis. Therefore, the request is not medically necessary.

1 lumbar spine MRI (magnetic resonance imaging): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI Topic

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for Lumbar Spine MRI (Magnetic Resonance Imaging). ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The 09/25/14 report states, "It does appear something changed for her. She reports weakness now in the left leg and has muscle atrophy. She notes her leg gave out and she has sever (sic) radicular pain." The reports show the patient is post left L5-S1 laminectomy and the reports cite a prior MRI lumbar from 11/08/12 is showing herniated disc L5-S1. This study is not provided. On 10/23/14 the treater states, "She needs a repeat MRI to see why she is still having so much trouble." In this case, the patient has "lower

back pain" and "left lower extremity pain." The treater states the patient has severe radicular pain and the 10/23/14 examination states the patient has a positive straight leg raise. Furthermore, the patient is post lumbar surgery. The request is medically necessary.

1 prescription of Naproxen 500mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for 1 prescription of naproxen 500 mg #60 with 2 refills. This medication does not appear on the reports until 10/23/14; however, the reports show the continuous use of other NSAID's (Ibuprofen, Meloxicam) since at least 01/09/14. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The treater states on 08/28/14 that this medication is to address the persistent inflammatory component of the patient's pain and that the patient's medications produce an appreciable degree of pain relief. The treater does not discuss why the patient is starting this NSAID; however, the medication is indicated for lower back pain that is present in this patient. The request is medically necessary.

1 prescription of MS Contin CR 30mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for 1 prescription of MS Contin CR 30 mg #90 with 2 refills. The reports show the patient has been using this medication since at least 12/11/13. The 10/23/14 report states the patient reports acute on chronic pain and reports show the patient has had chronic lower back pain for years. She is post left laminectomy L5-S1 on 01/16/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Per the 10/23/14 report the patient states that medications produce an "appreciable" degree of pain relief and allows them to achieve a higher degree of daily function. The reports provided show that pain is mostly but now always assessed through the use of pain scales. Pain is rated 7/10 on 03/31/14, 04/24/14, 05/14/14, 06/25/14, 07/31/14 and 08/28/14. However, no

baseline is provided. This report also states that pain is worse and the patient is able to do less without "medications", but this medication is not specifically mentioned. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are partially addressed. The treater mentions discussion with the patient about the risks and benefits of long-term opiate therapy, and that the patient desires to keep taking the medications. The treater also notes the patient is taking the lowest allowable dose, there have been no serious side effects, and the patient has not displayed aberrant drug behaviors or diversions. The reports also mention discussion with the patient regarding weaning from opioids pending a return to work in November 2014. The treater states UDS's were performed on 01/03/14 and 08/04/14; however, these reports are not included, and treater does not state if the results are consistent. In this case, specific ADL's and complete opiate management documentation are lacking. Furthermore, no change in pain from 7/10 from March to August 2014 does not appear to warrant continued long term-opioid use. The request is not medically necessary.

1 prescription of Oxycodone HCL 15mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for 1 prescription of Oxycodone HCL 15 mg #120 with 2 refills. The reports show the patient has been taking this medication since 06/12/14. Other opioid use included MsContin since at least 12/11/13 and Norco from 12/11/13 to 06/25/14. The 10/23/14 report states the patient reports acute on chorionic pain and reports show the patient has had chronic lower back pain for years. She is post left laminectomy L5-S1 on 01/16/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Per the 10/23/14 report the patient states that medications produce an "appreciable" degree of pain relief and allows them to achieve a higher degree of daily function. The reports provided show that pain is mostly but now always assessed through the use of pain scales. Pain is rated 7/10 on 03/31/14, 04/24/14, 05/14/14, 06/25/14, 07/31/14 and 08/28/14. However, no baseline is provided. This report also states that pain is worse and the patient is able to do less without "medications", but this medication is not specifically mentioned. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are partially addressed. The treater mentions discussion with the patient about the risks and benefits of long-term opiate therapy, and that the patient desires to keep taking the medications. The treater also notes the patient is taking the lowest allowable dose, there have been no serious side effects, and the patient has not displayed aberrant drug behaviors or diversions. The reports also mention discussion with the patient regarding weaning from opioids pending a return to work in November 2014. The treater states UDS's were performed on

01/03/14 and 08/04/14; however, these reports are not included, and treater does not state if the results are consistent. In this case, specific ADL's and complete opiate management documentation are lacking. Furthermore, no change in pain from 7/10 from March to August 2014 does not appear to warrant continued long term-opioid use. The request is not medically necessary.

1 prescription of Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for 1 prescription of Omeprazole DR 20 mg #30 with 2 refills. The reports show the patient has been taking this medication from 08/28/14 to 10/23/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The treater does not discuss this medication in the reports provided; however, it is stated on 10/23/14 that stomach protective agents to reduce the possibility of developing gastritis or ulcers were discussed with the patient. In this case, the patient is prescribed Naproxen (an NSAID) and the reports show concern regarding prophylactic agents; however, the treater does not provide risk assessment as required by MTUS. Therefore, the request is not medically necessary.

1 prescription of Venlafazine HCL ER 75mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), SNRIs (serotonin noradrenaline reuptake inhibitors)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Venlafaxine (Effexor®)

Decision rationale: The patient presents with lower back and left lower extremity pain. The treater requests for 1 prescription of Venlafazine HCL ER 75 mg #60 with 2 refills. Presumably this request is for "Venlafaxine". The patient appears to have started this medication 10/23/14. Prior reports show use of Paxil. "ODG guidelines Pain Chapter state that Venlafaxine is recommended as an option as a first line treatment for neuropathic pain and has FDA approval for treatment of depression and anxiety disorders." The treater does not discuss this medication

in the reports provided. The 10/23/14 report does show a medical history of depression in the patient. The patient was on Paxil, which appears to be switched over Effexor. The treater does not indicate why this switch is being made other than presumed lack of efficacy from Paxil. Given the patient's on-going depression and chronic pain, trial of Effexor appears reasonable. The request is medically necessary.