MAXIMUS Federal Services

Case Number:	CM14-0192656		
Date Assigned:	11/26/2014	Date of Injury:	07/24/2000
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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 52-year-old male with a date of injury of 07/24/2000. The listed diagnoses are status post spinal cord stimulator implant, status post multiple lumbar surgeries, lumbar degenerative discogenic disease, lumbar spinal stenosis, breakdown above the level of previous fusion, lumbar spine, chronic intractable low back pain, severe spinal stenosis, L3-L4 and status post revision fusion, L3-L4. This patient is status post lumbar surgery on 5/24/13. Per treating physician report 10/21/2014, the patient presents with chronic low back pain and is status post previous spinal cord stimulator implantation. The patient states that he cannot get his back to straighten up and he feels as if he is off balance. The pain radiates to his right lower extremity with minimal sensation in his right leg. "The medications help the pain mildly." Today, the pain is rated as 9/10 and with medications the pain is 8/10. Physical examination revealed weakness in the right leg with improved pain in the left leg. There is L3-L4, L4-L5, and L5-S1 distribution of radicular pain and healed posterior midline incision is noted. Decreased range of motion and painful range of motion is noted during the exam. There is positive straight leg raise bilaterally and pain with axial compression. Treatment plan is for continuation of medications, motorized scooter, and request for home assistance to 2 times a week for 3 months. The utilization review denied the request on 11/10/2014. Treatment reports from 02/04/2014 through 10/21/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: This patient presents with chronic low back pain that radiates into the right lower extremity. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been prescribed Norco since 03/10/2014. According to progress report 03/10/2014, the patient's pain is reduced from 10/10 to 7-8/10 with Nucynta. There is no discussion of Norco. On 04/15/2014, the patient was admitted into the ER for severe pain. Treatment plan was for patient to continue with medication. Report 08/05/2014 notes patient continues with severe low back pain. Treatment plan was for Toradol injection, CT scan, home assistance, lightweight wheelchair, and refill of medications. The patient continues on temporary total disability. In this case, recommendation for further use of Norco cannot be supported as the treating physician provides no discussion regarding functional improvement or changes in ADLs with Norco. The physician has noted a decreased in pain from 10/10 to 7-8/10 with specifically taking Nucynta, but no discussion of Norco. There are no urine drug screens or CURES report and the physician has not provided any discussion regarding adverse side effects or possible aberrant behaviors. The treating physician has failed to provide the minimum requirements and documentation that are outlined by MTUS for continued opiate use. The request for Norco is not medically necessary.

Nucynta 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic severe low back pain. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been prescribed Nucynta since 03/10/2014. Per treating physician's report 03/10/2014, the patient reports a

decrease in pain from 10/10 to 7-8/10 with utilizing Nucynta. In this case, recommendation for further use of Nucynta cannot be supported as the treating physician does not provide any discussion regarding functional improvement or changes in ADLs as required by MTUS for opiate management. There is no urine drug screens provided for compliance check and there is no discussion of possible adverse side effects or aberrant behaviors. The treating physician has failed to provide minimum requirements and documentation that are outlined by MTUS for continued opiate use. The requested Nucynta 100 mg #180 is not medically necessary.

Motorized Scooter, captain 4 wheeler, with carrier: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: This patient presents with continued severe low back pain. The current request is for motorized scooter, Captain 4 wheeler with carrier. Power Mobility Devices under MTUS page 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." The treating physician states that the patient requires an electric scooter "due to frequent falls." There is no documentation of upper extremity issues where a manual wheelchair cannot be considered. MTUS allows for power mobility devices when manual w/c is not feasible due to upper extremity weakness. Such is not demonstrated in this case. The requested motorized scooter is not medically necessary.

Home physical therapy for unknown body parts, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This patient presents with continued severe low back pain. The current request is for home physical therapy for unknown body parts 12 visits. Utilization review denied the request stating that there is no documentation to indicate the amount of therapy this patient has had for this 14-year-old injury. For physical medicine, the MTUS Guidelines, page 98 and 99, recommends for myalgia and myositis-type symptoms, 9 to 10 visits over 8 weeks. Review of reports indicates that the patient has participated in physical therapy in the past. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical file. The physician does not explain why this patient requires home-based physical

therapy when therapy was tolerated on an outpatient basis in the past. It does not appear that the patient has had therapy in the recent past and a short course of in-clinic physical therapy sessions may be reasonable in this case. However, the treating physician has requested 12 sessions, which is outside for the 9-10 recommended by MTUS. The request for home physical therapy x 12 sessions is not medically necessary.