

Case Number:	CM14-0196654		
Date Assigned:	12/04/2014	Date of Injury:	05/06/2009
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 60-year-old female with a date of injury of 05/06/2009. According to progress report dated 10/07/2014, the patient presents with chronic low back pain. The patient is status post spinal cord stimulator implant, relocation and revision. She continues to use it about 80% of the time. The main complaint at this time is the low back as well as some groin pain. Physical examination revealed gait is non-antalgic, and the patient is able to heel walk normally. Spurling's test caused cervical pain bilaterally. The listed diagnoses included: 1. Back and bilateral leg pain, likely neuropathic in description, status post L2-L3 laminectomy with spine fusion. 2. History of COPD, depression, and sleep apnea. 3. Conservative treatment with minimal improvement. 4. Failed injections. 5. MMPI (2003), low risk. Treatment plan is for physical therapy and refill of medications. The utilization review denied the request on 10/27/2014. Treatment reports from 09/24/2014 through 10/07/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for physical therapy #8. "The MTUS guidelines pg. 98-99 recommends for myalgia and myositis-type symptoms, 9-10 sessions over 8 weeks." This patient presents with chronic low back pain. The current request is for physical therapy #8. The Utilization review states that the patient has been participating in physical therapy since 2009. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. According to progress report 10/07/2014, the patient has "had conservative treatment with minimal improvement." In this case, the patient has participated in physical therapy in the past with "minimal improvement." There is no rationale provided for this request. There is no report of new injury, new surgery or new diagnosis that could substantiate the current request. The requested additional Physical Therapy is not medically necessary.

Fentanyl 75 mcg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for fentanyl 75 mcg #1. 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 utilizing this medication since 08/06/2014. Report 8/6/14 notes that "pain medication improves the pain 3% with no side-effects." Report 9/9/14 documented pain as 7/10 and it was noted that pain medication improves pain 20%. In this case, recommendation for further use of Fentanyl cannot be supported as there is no documentation of functional improvement or changes in ADLs as required for opiate management. There are no urine drug screens, documentation of possible aberrant behaviors and adverse side effects are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Fentanyl is not medically necessary.

Norco 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for Norco 10/325 mg. 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 utilizing this medication since 11/9/13. On 5/20/14 "pain ranked at 8-9 out of 10. Worsening factors include everything, alleviating factors include rest. Pain medications improve her pain somewhat." Report 8/6/14 notes that "pain medication improves the pain 3% with no side-effects." Report 9/9/14 documented pain as 7/10 and it was noted that pain medication improves pain 20%. In this case, recommendation for further use of Norco cannot be supported as there is no documentation of functional improvement or changes in ADLs as required for opiate management. There are no urine drug screens, documentation of possible aberrant behaviors and adverse side effects are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Norco is not medically necessary.

Skelaxin 800 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Page(s): 61.

Decision rationale: This patient presents with chronic low back pain. The current request is for Skelaxin 800 mg. For metaxalone (Skelaxin), the MTUS Guidelines page 61 states, "recommended with caution as a second line option for short term pain relief in patients with chronic low back pain." Skelaxin is a muscle relaxant that is reported to be relatively non-sedating. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. In this case, the treating physician has prescribed Skelaxin and the physician has documented decreased pain with usage. The current request is supported by MTUS as this muscle relaxant is not limited to short term usage like most muscle relaxants. The current request is medically necessary.

Celebrex 200 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for Celebrex 200 mg. For anti-inflammatory medications, the MTUS Guidelines page 22 states,

"Antiinflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long-term use may not be warranted." Review of the medical file indicates the patient has been utilizing Celebrex since 05/15/2014. This patient presents with chronic low pain and Progress reports have noted that the patient experiences a decrease in pain with current medications. The requested Celebrex is medically necessary.