MAXIMUS Federal Services

| Case Number: | CM14-0201453 | | |
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| Date Assigned: | 01/14/2015 | Date of Injury: | 10/01/2003 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

## 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, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2003.In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve request for OxyContin, Norco, Opana, physical therapy, aquatic therapy, Robaxin, epidural steroid injection therapy, a surgical follow-up visit, MiraLax, Gralise, Klonopin, Restoril, Topamax, and trigger point injections. The claims administrator referenced an October 31, 2014 progress note in its determination. The claims administrator contended that the applicant had failed to profit from the opioids at issue.The applicant's attorney subsequently appealed.In an October 31, 2014 progress note, the applicant reported persistent complaints of neck pain, back pain, muscle spasms, leg pain, foot weakness, and alleged gait instability. The applicant also reported ancillary complaints of tinnitus, anxiety, depression, nausea, and dizziness. The applicant was given a primary diagnosis of failed back syndrome status post earlier lumbar laminectomy surgery with residual footdrop. The applicant also had issues with cervical radiculopathy, depression, anxiety, and posttraumatic headaches. The applicant was asked to pursue physical therapy to work on her balance, decrease pain, and decrease her risk for further falls. The applicant was asked to continue OxyContin and Norco in the interim. The applicant was asked to continue Robaxin for reported muscle spasm. The applicant was asked to pursue a cervical epidural steroid injection. The attending provider contended that the applicant would likely require repeat lumbar diskectomy-facetectomy-foraminotomy procedure at some point. The applicant was asked to continue MiraLax for opioid-induced constipation. A trial of Gralise was

endorsed for radicular pain. The applicant was asked to continue Restoril for sedative effect and continue Klonopin for anxiolytic effect. The applicant was asked to continue Topamax for headaches. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.In an earlier note dated August 12, 2014, the applicant reported persistent complaints of neck, back, and arm pain. The applicant reported heightened sedation in the mornings owing to various medications. The attending provider acknowledged that the applicant's symptoms were, in fact, worsening overall. The applicant was asked to continue OxyContin and Norco. Opana was suggested, although the attending provider stated that he will consider employing this at a later point. The applicant was asked to continue Robaxin at this point. Cervical epidural steroid injection therapy was sought. The attending provider state that the applicant had failed Neurontin and Lyrica in the past and that, for that reason, that he was ordering Gralise. The applicant was asked to continue MiraLax, Klonopin, and Topamax. Once again, the applicant's work status was not clearly detailed, although it did not appear that the applicant was working.In a July 28, 2014 progress note, the applicant reported multifocal complaints of neck and back pain. 5/5 upper and lower extremity strength was noted. The applicant was able to stand on her heels and toes on this occasion and was reportedly ambulating well. MRI imaging of the cervical spine demonstrated mild degenerative disk disease and mild spinal stenosis about both the cervical and lumbar spines, it was stated. It was stated that the applicant should consider an epidural steroid injection.MRI imaging of the lumbar spine dated May 22, 2014 was notable for evidence of postsurgical changes at L4-L5 associated with earlier lumbar fusion surgery and multilevel degenerative changes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly detailed, although it did not appear that the applicant was working. The applicant's continued complaints of pain, heightened, coupled with difficulty performing activities of daily living as basic as standing and walking do not make a compelling case for continuation of opioid therapy with OxyContin. The applicant was described on August 1, 2014 as reporting worsening neck pain radiating into the arms. Similarly, on October 31, 2014, the applicant again reported worsening complaints of neck, arm, back, and leg pain. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status has not been clearly detailed. It did not appear that the applicant was working. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements achieved as a result of ongoing opioid therapy, including ongoing Norco usage. The applicant's continued reports of heightened pain on office visits of October 31, 2014 and August 1, 2014, referenced above, suggested that ongoing usage of Norco was not, in fact, successful. Therefore, the request was not medically necessary.

**Opana:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Page(s): 93.

**Decision rationale:** As noted on page 93 of the MTUS Chronic Pain Medical Treatment Guidelines, Opana, a long-acting variant of oxymorphone, is not intended for p.r.n. use purposes but, rather, should be reserved for applicants who require around the clock analgesia. Here, the attending provider suggested on a progress note of October 31, 2014 that Opana was being introduced for the first time, on a trial basis, on that date. Introducing Opana was indicated, given the failure of numerous other first and second-line agents, opioid and nonopioid. Therefore, the request was not medically necessary.

**Physical therapy 2-3 times a weeks for four weeks to work on balance, decrease pain, and decrease the risk of further falls:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114; and the Non-MTUS Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

**Decision rationale:** The 8- to 12-session course of treatment proposed here, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The attending provider failed to furnish any compelling applicant-specific rationale which would support such a protracted course of therapy in excess of MTUS parameters. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the attending provider's commentary to the effect that the applicant will likely require a repeat lumbar diskectomy-laminectomy-foraminotomy procedure strongly suggests that earlier conservative treatment, including earlier physical therapy, was, in fact, unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f, as of the applicant's continued dependence on opioid agents such as OxyContin, Norco, etc. Therefore, the request was not medically necessary.

**Aquatic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Aquatic Therapy Page(s): 8, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of therapy in applicants in whom reduced weight bearing is desirable, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and on page 48 of the ACOEM Practice Guidelines to the effect that it is incumbent upon a treating provider to furnish a prescription for therapy which "clearly states treatment goals. Here, the request for open-ended aquatic therapy did not, by definition, clearly state treatment goals, nor it did contain a proviso to re-evaluate the applicant in the midst of treatment so as to ensure program progression and functional improvement with the same. Therefore, the request was not medically necessary.

**Robaxin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as second-line options for short-term treatment of acute exacerbations of chronic low back pain. Here, the

applicant was described on office visits of October 31, 2014 and August 12, 2014 as using Robaxin on those dates. Continued usage of the same, thus, represents continued chronic, long-term, and/or scheduled usage of muscle relaxant which runs counter to the philosophy espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Cervical epidural:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, the attending provider did not establish radiographic and/or electrodiagnostic corroboration of cervical radiculopathy. An office visit of July 28, 2014, referenced above, suggested that cervical MRI imaging was notable for low-grade degenerative changes without any clear or compelling evidence of radiculopathy. Therefore, the request was not medically necessary.

**Follow up with surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is seemingly off of work. The applicant remains dependent on various opioid and non-opioid agents. The applicant continues to report heightened low back and neck pain complaints. The attending provider has posited that the applicant is a candidate for repeat lumbar spine surgery. Obtaining a follow-up visit with a spine surgeon to determine the applicant's suitability for further surgical intervention is, thus, indicated here. Therefore, the request is medically necessary.

**Miralax:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic initiation of treatment for constipation is recommended in applicants using opioid therapy. Here, the applicant was/is using a variety of different opioids, including Opana, OxyContin, Norco, etc. Prophylactically furnishing a laxative agent, MiraLax, is indicated, to combat any symptoms of constipation which might arise as a result of opioid usage. Therefore, the request was medically necessary.

**Gralise 300mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation Physician's Desk Reference; and the Non-MTUS Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms, Functional Restoration Approach to Chronic Pain Management, Gabapentin Page(s):.

**Decision rationale:** As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is a first-line treatment for radicular pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by numbing, burning, electric-like, shock-like, and/or lancinating symptoms, all of which are present here in the form of the applicant's cervical and/or lumbar radicular pain complaints. While page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that at attending provider should incorporate some discussion of "cost" into his choice of medications and should, by implication, make an attempt to favor generic articles over brand-name articles. In this case, however, the applicant has already failed several other anticonvulsant adjuvant medications, including generic gabapentin, Lyrica, and Topamax. Moving forward with a trial of Gralise was indicated on or around the date in question, October 31, 2014. Therefore, the request was medically necessary.

**Klonopin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant's

having any overwhelming mental health issues evident on or around the October 31, 2014 office visit at issue. Rather, it appears that the attending provider was intent on employing Klonopin for long-term use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. The attending provider did not, furthermore, furnish any rationale which would support concurrent provision of two separate benzodiazepine anxiolytics, Klonopin and Restoril. Therefore, the request was not medically necessary.

**Restoril:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider was/is prescribing Restoril for chronic, long-term, and/or scheduled purposes, for sedative effect. This is not an ACOEM-endorsed role for Restoril. The attending provider did not, furthermore, outline a compelling rationale for concurrent provision of two separate benzodiazepine agents, Restoril and Klonopin. Therefore, the request was not medically necessary.

**Topamax:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Topiramate Page(s): 7, 21.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate can be considered for use for neuropathic pain in applicants in whom other anticonvulsants fail, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of both medication efficacy and side effects into his choice of recommendations. Here, the applicant was/is off of work. Ongoing usage of Topamax has failed to curtail the applicant's dependence on opioid agents such as OxyContin, Norco, and Opana. The applicant continues to report severe pain complaints. The applicant was described as exhibiting Topamax-induced sedation on an office visit of August 1, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Topamax. Therefore, the request was not medically necessary.

**Trigger point injections to the right neck, upper back, and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as was/is present here. The attending provider reported on multiple occasions that the applicant's primary pain generator was, in fact, lumbar radiculopathy, an issue for which trigger points, however, is not recommended, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.