

Case Number:	CM14-0208466		
Date Assigned:	12/22/2014	Date of Injury:	06/09/2008
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine 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 injured worker (IW) is a 30-year-old man with a date of injury of June 8, 2008. The mechanism of injury occurred when the IW was hit by a beam while on a scaffolding and fell 30 feet. His lumbar spine was severely damaged and fusion was performed. The injured worker's working diagnoses are chronic low back pain with Belfour burst fracture, status post L2-L5 fusion with cage placement at L4 with associated spinal cord injury and lumbar myelopathy; sacroiliac joint dysfunction; gluteal weakness piriformis syndrome; post laminectomy syndrome with lower extremity paraparesis; testosterone insufficiency related to chronic opiate use; neurogenic bladder; erectile dysfunction; traumatic brain injury; depression with some anxiety; right foot surgery and fracture; and bilateral knee pain. Pursuant to the progress note dated November 6, 2014, the IW complains primarily of low back pain, proximal leg weakness, gluteal weakness, and paraplegia. The IW reports the pain has improved, and he has problems with headaches due to medications in the past. The IW reports improved focus and concentration due to the use of Adderall. Physical exam findings reveal the IW has a forward flexed posture. There is no indication in the medical record the IW is homebound. Current medications included MS Contin, Cialis, Adderall, and Oxycodone. Documentation indicates the IW has been taking MS Contin, and Oxycodone since May 29, 2014, according to a progress note with the same date. There were no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of MS Contin and Oxycodone. The IW is interested in biofeedback therapy for pain. There are no other musculoskeletal objective findings documented by the treating physician. UR documentation indicated the IW 6 sessions of massage therapy were certified on June 10, 2014. There are no therapy notes in the medical record available for review. There is no evidence of objective functional improvement associated with prior massage

therapy. The current request is for Oxycontin 30mg #150, Morphine ER #60, and in-home massage therapy X 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home massage therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Massage Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, in-home massage therapy is not medically necessary. Massage therapy is a passive intervention and is considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). The Official Disability Guidelines recommended frequency and duration of treatment 1 to 2 times per week with an optimum duration of six weeks. Maximum duration two months treatment beyond two months should be documented with objective functional improvement. In this case, the injured worker's working diagnoses are chronic low back pain with L4 burst fracture, status post L2 - L5 fusion with cage placement at L4 with associated spinal cord injury and lumbar myelopathy; sacroiliac joint dysfunction; gluteal weakness piriformis syndrome; post laminectomy syndrome with lower extremity paraparesis; testosterone insufficiency related to chronic opiate use; neurogenic bladder; erectile dysfunction; traumatic brain injury; depression with some anxiety; right foot surgery and fracture; and bilateral knee pain. The documentation from November 6, 2014 progress note does not provide clinical support for in home massage therapy. The documentation does not contain any evidence the injured worker's homebound. The documentation does not provide a clinical indication or rationale for in-home massage therapy. The documentation does not contain any evidence of objective functional improvement with prior massage therapy. Consequently, absent clinical documentation to support in-home massage therapy, clinical indication and rationale, in home massage therapy is not medically necessary.

Oxycontin 30 mg tabs #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 30 mg #150 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic low back pain with L4 burst fracture, status post L2 - L5 fusion with cage placement at L4 with associated spinal cord injury and lumbar myelopathy; sacroiliac joint dysfunction; gluteal weakness piriformis syndrome; post laminectomy syndrome with lower extremity paraparesis; testosterone insufficiency related to chronic opiate use; neurogenic bladder; erectile dysfunction; traumatic brain injury; depression with some anxiety; right foot surgery and fracture; and bilateral knee pain. The documentation does not contain evidence of objective functional improvement or efficacy with OxyContin. The documentation does not contain a risk assessment or urine drug screens to monitor drug compliance. Additionally, there are no visual analog scale (VAS) scores pre-or post-narcotic use in the medical record. There was no short or long term plan to taper opiate use. Consequently, absent clinical documentation to support the ongoing use of OxyContin and evidence of objective functional improvement, OxyContin 30 mg #150 is not medically necessary.

Morphine ER tabs #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine ER #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic low back pain with L4 burst fracture, status post L2 - L5 fusion with cage placement at L4 with associated spinal cord injury and lumbar myelopathy; sacroiliac joint dysfunction; gluteal weakness piriformis syndrome; post laminectomy syndrome with lower extremity paraparesis; testosterone insufficiency related to chronic opiate use; neurogenic bladder; erectile dysfunction; traumatic brain injury; depression with some anxiety; right foot surgery and fracture; and bilateral knee pain. The documentation does not contain evidence of objective functional improvement or efficacy with morphine ER. The documentation does not contain a risk assessment or urine drug screens to monitor drug compliance. Additionally, there are no VAS scores pre-or post-narcotic use in the medical record. There was no short or long term plan to taper opiate use. Consequently, absent clinical documentation to support the ongoing use of morphine ER and evidence of objective functional improvement, morphine ER #60 is not medically necessary.

