

Case Number:	CM15-0004167		
Date Assigned:	01/15/2015	Date of Injury:	06/26/1997
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

This injured worker is a 62 year old male, who sustained an industrial injury on June 26, 1997. The injured worker has reported back and leg pain. The diagnoses have included chronic low back pain, spinal enthesopathy of the lumbar region, arthropathy of the lumbosacral facet joint, degenerative disc disease of the lumbar spine and lumbar radiculopathy. Treatment to date has included pain management, epidural injection, facet joint injection and radiofrequency neurolysis. The documentation from the treating physician notes that current opioid treatment includes oxycontin and norco, that there have been no adverse effects and that the current regimen has been adequate, that a contract/agreement regarding opioid use exists, and that the injured worker asked for medication to help with constipation. Examination showed tenderness to the paravertebral muscles. At a visit on 11/20/14, the injured worker reported pain rated 8 out of 10 in severity. Current documentation dated December 10, 2014 notes that the injured worker reported back pain, back stiffness and lower extremity tingling and weakness. The pain is located in the lower back with radiation to the left hip, right buttock, right thigh, right calf right great toe and right lateral foot. The pain was described as constant, achy, stinging and shooting. Associated symptoms include difficulty walking and difficulty sleeping. On December 22, 2014 Utilization Review non-certified the Toradol injection, urine drug screening, bilateral lumbar four-lumbar five facet joint injection, Fiber therapy 500 mg # 240, Lidoderm 5% # 30, Tizanidine HCL 4 mg # 120, Provigil 200 mg # 30 and aquatic therapy three times a week for two months to the back. Utilization Review modified the request for oxycontin 40 mg #60, 30 days to oxycontin 40 mg #45, 30 days. The MTUS, Chronic Pain Medical Treatment Guidelines

and Official Disability Guidelines, were cited. In regards to Provigil 200 mg # 30, Utilization Review cited the manufacturer's website prescribing information. On January 8, 2015, this Utilization Review (UR) decision was subsequently appealed to Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 72.

Decision rationale: The MTUS states that nonsteroidal anti-inflammatory agents are recommended for osteoarthritis, and for acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. Per the MTUS, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The documentation from the physician notes the injured worker had chronic low back pain and progress notes from November and December note pain ratings of 8-9 out of 10 in severity; this is conflicting with additional documentation that notes that the current pain regimen has been adequate. The documentation did not clearly indicate an acute flare of chronic back pain. In addition, the dose and frequency of the requested Toradol injection were not specified. The request for Toradol injection is not medically necessary.

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing 43; opioids 77-78, 89, 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation chronic pain chapter: urine drug testing

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. The documentation indicates the injured worker was prescribed oxycontin and norco for chronic pain and that a pain

contract/agreement was in place. There was however no discussion of risk stratification for risk of addiction or aberrant behavior. No prior urine drug screens were provided in the documentation submitted. Because the dates of any urine drug screens or documentation of risk for aberrant behavior was not documented, and as the frequency of the requested testing was not specified, the request for urine drug testing is not medically necessary.

Bilateral L4-L5 and L5-S1 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint injections (diagnostic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation low back chapter: facet joint injections

Decision rationale: Per the ACOEM low back chapter, facet joint injections are not recommended due to limited research-based evidence. The injured worker has diagnoses of lumbosacral facet joint arthropathy. He has undergone prior facet joint injections and radiofrequency neurolysis without documentation of functional improvement as a result of the injections. The ODG states that with respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is successful. The injured worker underwent facet joint injection and radiofrequency neurolysis in 2005 and the documentation indicates that the procedure “helped some” without specific documentation of functional improvement. Due to the lack of functional improvement from the prior facet joint injections and the MTUS notation that facet joint injections are not recommended, the request for bilateral L4-L5 and L5-S1 facet joint injection is not medically necessary.

Fiber therapy 500mg #240, 30 days: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain chapter: opioid induced constipation

Decision rationale: The injured worker has been treated with chronic opioid therapy for back pain and reported constipation. The ODG states that first line treatment of opioid induced constipation includes increased physical activity, adequate hydration, and a diet rich in fiber, and that over the counter medications can help loosen hard stools, add bulk, and increase water content of the stool. Fiber Therapy contains psyllium and is used as dietary fiber supplementation. The request for this medication is consistent with ODG guidelines for treatment of opioid induced constipation. The request for Fiber therapy 500 mg #240, 30 days is medically necessary.

Lidoderm 5%, #30, 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (anesthetic); Lidoderm (lidocaine patch); Topical Anal. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of Lidoderm patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The injured worker has a diagnosis of chronic low back pain and lumbar radiculopathy. There is no documentation of a trial of a first line oral agent. Topical lidocaine other than Lidoderm dermal patch is not recommended per the MTUS, and the product requested was not in the form of Lidoderm patches. The request for Lidoderm 5% #30, 30 days is not medically necessary.

Tizanidine HCL 4mg #120, 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Tizanidine is approved for management of spasticity with unlabeled use for low back pain. Due to the lack of indication and the number requested being inconsistent with short term use, the request for tizanidine is not medically necessary.

Provigil 200mg #30, 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website, www.Drugs.com/provigil

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chronic pain chapter: provigil (modafinil)

Decision rationale: The ODG states that Provigil is approved by the FDA for the treatment of narcolepsy, and that prescribers using Provigil for management of the sedative effects of opiates should consider reducing the dose of opiates before adding stimulants. Provigil is not recommended solely to counteract the sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders. The treating physician did not provide the specific indication for prescribing Provigil. There was no documentation of narcolepsy, obstructive sleep apnea, or shift work sleep disorder, and no sleep evaluation was submitted. The request for Provigil is not medically necessary.

Oxycontin 40mg #60, 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, and random drug testing. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. Work status was not specified. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does specify that the injured worker had a pain contract/agreement, and that adverse effects of opioids were discussed. The documentation does not reflect improvement in pain; change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Although urine drug testing was requested, there is no record of a prior urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Because of the lack of functional improvement as a result of opioid treatment and the lack of prescribing in accordance with the MTUS guidelines for chronic opioids, the request for oxycontin 40 mg #60, 30 days is not medically necessary.

Aquatic therapy 3x/week x 2 months for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land based therapy in certain situations in which minimizing the effects of gravity and reducing weight bearing is desirable, for example, extreme obesity. The injured worker had diagnoses which included chronic low back pain; there was no documentation of extreme obesity and no documentation of specific reasons why reduction in weight bearing during exercise (as opposed to a land based physical therapy program) would be necessary. The request for aquatic therapy 3x/week x 2 months for the back is not medically necessary.