MAXIMUS Federal Services

Case Number:	CM15-0100305		
Date Assigned:	06/02/2015	Date of Injury:	02/07/2006
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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:

The injured worker is a 53 year old female who sustained an industrial injury on 2/7/06. The diagnoses have included lumbar spine disc bulge with right-sided S1 radiculopathy. Treatment to date has included medications and physical therapy. Motrin, soma, and ultram were prescribed in December 2014. Work status at that time was noted as full duty and continued to be documented as full duty in progress notes through April 2015. Protonix was prescribed for stomach upset and norco was prescribed for pain in January 2015. The injured worker completed 10 sessions of physical therapy for the lumbar spine from 12/22/14 to 3/16/15; it was noted that she had continued pain in this timeframe but that when she is at physical therapy, lumbosacral mobility increases and pain decreases. Long-term goals of decrease in pain to level of no more than 3-4/10 was not achieved (pain level was noted as 8/10) and of increase in functional strength to allow lifting of boxes of 25-30 pounds was not achieved. At a visit on 4/9/15, the injured worker has complaints of low back pain with radiating pain and numbness down the left posterior thigh and leg. Examination showed spasm about the lower lumbar region with paraspinal tenderness and positive Lasegue's test bilaterally. There was decreased range of motion, normal lower extremity strength, and decreased sensation in bilateral posterior thighs. The request was for physical therapy, twice weekly for 6 weeks for the lumbar spine #12; norco 10/325mg #16; protonix 20mg #60; motrin 800mg #90; some 350mg #60; ultram 50mg #60 and norco 10/325mg #60. On 5/12/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for 6 weeks for the lumbar spine #12: Upheld

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

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

Decision rationale: This injured worker has a diagnosis of lumbar disc disease with radiculopathy. Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The injured worker had 10 recent visits of physical therapy for the lumbar spine from 12/22/14 to 3/16/15, without achievement of goals. Work status was noted as full duty before and after physical therapy. There was no documentation of functional improvement as a result of the physical therapy already completed; work status was unchanged and there was no discussion of specific improvements in activities of daily living as a result of physical therapy. No specific indication for additional physical therapy was provided. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The injured worker's functional status is quite good as the treating physician notes a work status of full duty with no restrictions or limitations, and there is no documentation to support that additional physical therapy would be required for strengthening rather than the use of a home exercise program. In addition, the injured worker has already completed 10 sessions of physical therapy (the maximum specified by the guidelines) and the number of sessions requested (12) is in excess of the guideline recommendations. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. Due to number of sessions requested in excess of the guidelines, lack of functional improvement as a result of prior physical therapy, lack of documented functional deficits, and the expectation of transition to a home exercise program, the request for 12 physical therapy sessions is not medically necessary.

Norco 10/325mg #16: Upheld

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

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

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for three months and ultram (tramadol) has been prescribed for four months. There is insufficient 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, random drug testing, and opioid contract. There was no documentation of functional goals, opioid contract, or random drug testing. Work status was however noted as full duty. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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 physician documented that these domains were discussed but did not document the findings from this discussion. The documentation does not reflect improvement in pain, and pain assessment was not documented by the physician (pain level was however noted in the physical therapy reports). Specific improvement 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. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed motrin, a non-steroidal anti-inflammatory medication (NSAID), and protonix, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. The documentation indicates that protonix was prescribed for relief of stomach upset. There was no further discussion of signs and symptoms of possible GI disease, and examination of the abdomen was not documented. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient evaluation is not indicated. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal

symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. The associated NSAID (Motrin) has been determined to be not medically necessary. Due to lack of specific indication, the request for protonix is not medically necessary.

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic back pain. Motrin has been prescribed for four months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No blood pressure readings were recorded/submitted, and there was no documentation of laboratory monitoring. There was no documentation of functional improvement as a result of use of motrin; work status remained full duty and there was no discussion of specific improvement in activities of daily living as a result of its use. Due to length of use in excess of the guideline recommendations, lack of documentation of functional improvement, and potential for toxicity, the request for motrin is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) p. 29, muscle relaxants Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic back pain. Soma has been prescribed for four months. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to length of use in excess of the guideline recommendations, the request for soma is not medically necessary.

Ultram 50mg #60: Upheld

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

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

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids (as in the case with this injured worker, who has also been prescribed norco). It may also produce life-threatening serotonin syndrome. This injured worker has chronic back pain. Norco has been prescribed for three months and ultram (tramadol) has been prescribed for four months. There is insufficient 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, random drug testing, and opioid contract. There was no documentation of functional goals, opioid contract, or random drug testing. Work status was however noted as full duty. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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 physician documented that these domains were discussed but did not document the findings from this discussion. The documentation does not reflect improvement in pain, and pain assessment was not documented by the physician (pain level was however noted in the physical therapy reports). Specific improvement 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. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco 10/325mg #60: Upheld

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

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

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for three months and ultram (tramadol) has been prescribed for four months. There is insufficient 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, random drug testing, and opioid contract. There was no documentation of functional goals, opioid contract, or random drug testing. Work status was however noted as full duty. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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 physician documented that these domains were discussed but did not document the findings from this discussion. The documentation does not reflect improvement in pain, and pain assessment was not documented by the physician (pain level was however noted in the physical therapy reports). Specific improvement 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. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.