

Case Number:	CM15-0109319		
Date Assigned:	06/15/2015	Date of Injury:	02/06/2001
Decision Date:	09/23/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on 2/6/2001. The mechanism of injury was documented as falling backwards while attempting to sit in a chair. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbosacral neuritis/radiculitis and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included functional capacity evaluation, functional restoration program, physical therapy and medication management. In a progress note dated 4/2/2015, the injured worker complains of low back pain radiating to the left lower extremity, rated 7/10. Physical examination showed painful limited lumbar range of motion, trigger points in the lumbar area and left lower extremity paresthesias. The treating physician is requesting Trazadone 50 mg at bedtime #30, Norco 10/325 mg every 8 hours as needed #90, OxyContin 10 mg twice daily #60, OxyContin 40 mg twice daily #90, Cyclobenzaprine 10 mg #60 and a low back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 8 hours as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 04/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 that radiates to the lower left leg. The patient is status post lumbar laminectomy, date unspecified. The request is for NORCO 10/325MG EVERY 8 HOURS AS NEEDED #90. RFA dated 12/11/14 provided. Patient's diagnosis on 04/02/15 includes chronic pain syndrome and lumbar spine neuritis or radiculitis. Physical examination to the lumbar spine on 04/02/15 revealed a well-healed scar and trigger points. Range of motion was painful and limited. Paresthesias to light touch in the medial and lateral left leg. Treatment to date has included functional capacity evaluation, functional restoration program, physical therapy, TENS and medications. Patient's medications include Norco, Oxycontin and Cyclobenzaprine. The patient is medically disabled. MTUS Guidelines pages 88 and 89 states, "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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 10/02/14, 01/07/15, and 04/02/15. It is not known when this medication was initiated. Per 04/02/15 report treater states "Patient has tolerance to opioid medication with moderate relief to continue tolerating walking sitting standing and activities of daily living such as cooking cleaning...We providing the patient with medication regimen to allow the patient to continue with comfort during sleeping... we reviewed the pain questionnaire that was filled out, signed and dated by the patient today." Treater states in 03/04/15 report "10/02/14 report state Medication is 40-60% helpful and effective...[the patient] is more functional with the medication than without." In this case treater has addressed analgesia and provided some general examples of ADL's indicating benefit from medication. The patient tolerates medications well, which indicates no adverse reactions. However, there are no UDS's provided, nor discussions on results, medication compliance, aberrant behavior, etc. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

Oxycontin 10mg twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 04/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 that radiates to the lower left leg. The patient is status post lumbar laminectomy, date unspecified. The request is for OXYCONTIN 10MG TWICE DAILY #60. RFA dated 12/11/14 provided. Patient's diagnosis on 04/02/15 includes chronic pain syndrome and lumbar spine neuritis or radiculitis. Physical examination to the lumbar spine on 04/02/15 revealed a well-healed scar and trigger points. Range of motion was painful and limited. Paresthesias to light touch in the medial and lateral left leg. Treatment to date has included functional capacity evaluation, functional restoration program, physical therapy, TENS and medications. Patient's medications include Norco, Oxycontin and Cyclobenzaprine. The patient is medically disabled. MTUS Guidelines pages 88 and 89 states, "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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycontin has been included in patient's medications, per progress reports dated 10/02/14, 01/07/15, and 04/02/15. It is not known when this medication was initiated. Per 04/02/15 report treater states "Patient has tolerance to opioid medication with moderate relief to continue tolerating walking sitting standing and activities of daily living such as cooking cleaning...We providing the patient with medication regimen to allow the patient to continue with comfort during sleeping... we reviewed the pain questionnaire that was filled out, signed and dated by the patient today." Treater states in 03/04/15 report "10/02/14 report state Medication is 40-60% helpful and effective...[the patient] is more functional with the medication than without." In this case, treater has addressed analgesia and provided some general examples of ADL's indicating benefit from medication. The patient tolerates medications well, which indicates no adverse reactions. However, there are no UDS's provided, nor discussions on results, medication compliance, aberrant behavior, etc. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

Oxycontin 40mg twice daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The request is for OXYCONTIN 40MG TWICE DAILY #90. RFA dated 12/11/14 provided. Patient's diagnosis on 04/02/15 includes chronic pain syndrome and lumbar spine neuritis or radiculitis. Physical examination to the lumbar spine on 04/02/15 revealed a well-healed scar and trigger points. Range of motion was painful and limited. Paresthesias to light touch in the medial and lateral left leg. Treatment to date has included functional capacity evaluation, functional restoration program, physical therapy, TENS and medications. Patient's medications include Norco, Oxycontin and Cyclobenzaprine. The patient is medically disabled. MTUS Guidelines pages 88 and 89 states, "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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycontin has been included in patient's medications, per progress reports dated 10/02/14, 01/07/15, and 04/02/15. It is not known when this medication was initiated. Per 04/02/15 report treater states "Patient has tolerance to opioid medication with moderate relief to continue tolerating walking sitting standing and activities of daily living such as cooking cleaning...We providing the patient with medication regimen to allow the patient to continue with comfort during sleeping... we reviewed the pain questionnaire that was filled out, signed and dated by the patient today." Treater states in 03/04/15 report "10/02/14 report state Medication is 40-60% helpful and effective...[the patient] is more functional with the medication than without." In this case, treater has addressed analgesia and provided some general examples of ADL's indicating benefit from medication. The patient tolerates medications well, which indicates no adverse reactions. However, there are no UDS's provided, nor discussions on results, medication compliance, aberrant behavior, etc. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Section, on Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Based on the 04/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 that radiates to the lower left leg. The patient is status post lumbar laminectomy, date unspecified. The request is for CYCLOBENZAPRINE

10MG #60. RFA dated 12/11/14 provided. Patient's diagnosis on 04/02/15 includes chronic pain syndrome and lumbar spine neuritis or radiculitis. Physical examination to the lumbar spine on 04/02/15 revealed a well-healed scar and trigger points. Range of motion was painful and limited. Paresthesias to light touch in the medial and lateral left leg. Treatment to date has included functional capacity evaluation, functional restoration program, physical therapy, TENS and medications. Patient's medications include Norco, Oxycontin and Cyclobenzaprine. The patient is medically disabled. MTUS pg 64, Muscle Relaxants for Pain Section, on Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic anti-depressants (e.g. amitriptyline) This medication is not recommended to be used for longer than 2-3 weeks." Per 12/01/14 report, treater states "At this point, we will also include for patient's treatment, the muscle relaxer cyclobenzaprine to assist with reducing muscle spasticity and thereby reducing the pain. The muscle relaxer should also assist with sleep." MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed Cyclobenzaprine for at least 5 months from UR date of 05/08/15. In addition, the request for #60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic) Chapter, under Lumbar supports.

Decision rationale: Based on the 04/02/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 that radiates to the lower left leg. The patient is status post lumbar laminectomy, date unspecified. The request is for LOW BACK BRACE. Patient's diagnosis on 04/02/15 includes chronic pain syndrome and lumbar spine neuritis or radiculitis. Physical examination to the lumbar spine on 04/02/15 revealed a well-healed scar and trigger points. Range of motion was painful and limited. Paresthesias to light touch in the medial and lateral left leg. Treatment to date has included functional capacity evaluation, functional restoration program, physical therapy, TENS and medications. Patient's medications include Norco, Oxycontin and Cyclobenzaprine. The patient is medically disabled. ACOEM Guidelines Chapter 12 page 301 on lumbar bracing states that "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back (Lumbar & Thoracic) Chapter, under Lumbar supports states: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard

brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater does not discuss the request. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions are provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.