

<b>Case Number:</b>	CM15-0136519		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 (IW) is a 41 year old female who sustained an industrial injury on 09/10/2012. She reported low back pain. The injured worker was diagnosed as having: Chronic pain syndrome; Low back pain; lumbar disc pain; Lumbar degenerative disc disease; lumbar facet arthropathy; Lumbar stenosis; Myalgia. Treatment to date has included left L4-5 laminectomy and discectomy, physical therapy, and a home exercise program. Currently, the injured worker complains of pain radiating to her left leg that is aching in character rated at a 6 on a scale of ten without medications and a 3 on a scale of ten with medications. Her pain increases with prolonged sitting and is improved with medications and massage therapy. She is complaining of worsening depression and anxiety because she is unable to keep up with work, and is requesting a psych evaluation. She denies suicidal ideation. On examination, she has 5/5 bilateral lower extremity strength, sensation is intact and equal, reflexes are normal, and she has moderate tenderness and muscle spasm over the paraspinals. There is increased pain with flexion and extension. Straight leg raise is negative bilateral. A request for authorization was made for the following: 1. Massage therapy to the low back (visits) QTY: 6.00; 2. Norco 10/325mg QTY: 30.00; 3. Anaprox 550mg QTY: 60.00; 4. Prilosec 20mg QTY: 60.00; 5. Cognitive behavioral therapy QTY: 6.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy to the low back (visits) QTY: 6.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**Decision rationale:** The patient presents with low back pain radiating to the left lower extremity. The request is for MASSAGE THERAPY TO THE LOW BACK (VISITS) QTY: 6.00. Patient is status post low back surgery 11/04/14. Physical examination to the lumbar spine on 03/09/15 revealed a subtle decreased sensation in the left L-5 dermatome. Patient's diagnosis, per 04/02/15 report, include lumbar degenerative disc disease with resolved left radiculopathy following surgery L4-L5, chronic pain syndrome improved, psychological sequelae improved (return to work), mild sleep disorder non-disabling and improved, and headache addressed previously (cervical degenerative disc disease previously found permanent and stationary). Patient's medications, per 04/17/15 progress report include Cyclobenzaprine, Naproxen, Diazepam, Oxycodone, Omeprazole, Zolpidem and Hydrocodone/Acetaminophen. Patient's work status is modified duties. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Treater has not discussed this request. Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy would be appropriate. The request appears reasonable and in line with guideline recommendations. Therefore, it IS medically necessary.

**Norco 10/325mg QTY: 30.00: Upheld**

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

**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 patient presents with low back pain radiating to the left lower extremity. The request is for NORCO 10/325 MG QTY: 30.00. Patient is status post low back surgery 11/04/14. Physical examination to the lumbar spine on 03/09/15 revealed a subtle decreased sensation in the left L-5 dermatome. Patient's diagnosis, per 04/02/15 report, include lumbar degenerative disc disease with resolved left radiculopathy following surgery L4-L5, chronic pain syndrome improved, psychological sequelae improved (return to work), mild sleep disorder non-disabling and improved, and headache addressed previously (cervical degenerative disc disease previously found permanent and stationary). Patient's medications, per 04/17/15 progress report include Cyclobenzaprine, Naproxen, Diazepam, Oxycodone, Omeprazole, Zolpidem and Hydrocodone/Acetaminophen. Patient's work status is modified duties. 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, maximum dose for Hydrocodone, 60mg/day. The treater does not specifically discuss this request. The utilization review letter dated 6/26/15 modified the request #22 recommending a taper. The progress reports from 02/18/15 through 06/18/15 all list Norco but does not adequately discuss it's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS is provided as consistent, no adverse effect and other measures of aberrant behavior are discussed. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

**Anaprox 550mg QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI and cardiovascular risks).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 8, 22.

**Decision rationale:** The patient presents with low back pain radiating to the left lower extremity. The request is for ANAPROX 550 MG QTY: 60.00. Patient is status post low back surgery 11/04/14. Physical examination to the lumbar spine on 03/09/15 revealed a subtle decreased sensation in the left L-5 dermatome. Patient's diagnosis, per 04/02/15 report, include lumbar degenerative disc disease with resolved left radiculopathy following surgery L4-L5, chronic pain syndrome improved, psychological sequelae improved (return to work), mild sleep disorder non- disabling and improved, and headache addressed previously (cervical degenerative disc disease previously found permanent and stationary). Patient's medications, per 04/17/15 progress report include Cyclobenzaprine, Naproxen, Diazepam, Oxycodone, Omeprazole, Zolpidem and Hydrocodone/Acetaminophen. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states:

“When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Treater does not discuss this request. Patient has received prescriptions for Anaprox (Naproxen) from 02/18/15 through 06/18/15. In this case, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request IS NOT medically necessary.

**Prilosec 20mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with low back pain radiating to the left lower extremity. The request is for PRILOSEC 20 MG QTY: 60.00. Patient is status post low back surgery 11/04/14. Physical examination to the lumbar spine on 03/09/15 revealed a subtle decreased sensation in the left L-5 dermatome. Patient's diagnosis, per 04/02/15 report, include lumbar degenerative disc disease with resolved left radiculopathy following surgery L4-L5, chronic pain syndrome improved, psychological sequelae improved (return to work), mild sleep disorder non-disabling and improved, and headache addressed previously (cervical degenerative disc disease previously found permanent and stationary). Patient's medications, per 04/17/15 progress report include Cyclobenzaprine, Naproxen, Diazepam, Oxycodone, Omeprazole, Zolpidem and Hydrocodone/Acetaminophen. Patient's work status is modified duties. MTUS page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) Treater does not discuss this request. In progress report dated 02/18/15, GERD is included in patient's past medical history. Patient has received prescription for Prilosec (Omeprazole) from 02/18/15 through 06/18/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present.

MTUS also allows the use of PPI for dyspepsia secondary to NSAID therapy. In this case, treater has not documented pertinent examination findings, or other subjective complaints which would support continued use of this medication. There are no documentation of GI issues with regards to utilization of NASAIs and no discussions regarding the efficacy of this medication. Given the lack of documentation, as required by the guidelines, this request IS NOT necessary.

**Cognitive behavioral therapy QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23.

**Decision rationale:** The patient presents with low back pain radiating to the left lower extremity. The request is for COGNITIVE BEHAVIORAL THERAPY QTY: 6.00. Patient is status post low back surgery 11/04/14. Physical examination to the lumbar spine on 03/09/15 revealed a subtle decreased sensation in the left L-5 dermatome. Patient's diagnosis, per 04/02/15 report, include lumbar degenerative disc disease with resolved left radiculopathy following surgery L4-L5, chronic pain syndrome improved, psychological sequelae improved (return to work), mild sleep disorder non-disabling and improved, and headache addressed previously (cervical degenerative disc disease previously found permanent and stationary). Patient's medications, per 04/17/15 progress report include Cyclobenzaprine, Naproxen, Diazepam, Oxycodone, Omeprazole, Zolpidem and Hydrocodone/Acetaminophen. Patient's work status is modified duties. Regarding cognitive behavioral therapy, MTUS page 23 states: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The treater does not specifically discuss this request. The utilization review letter dated 6/26/15 modified the request to 4 sessions. In review of the medical records provided, there are no records of prior CBT. MTUS recommends an initial trial of 3-4 sessions over 2 weeks and up to 6-10 visits with functional improvement. While the patient would benefit from CBT for her low back condition, the request for 6 sessions of cognitive behavioral therapy (CBT) exceeds MTUS' recommendation for initial trial of 3-4 sessions. Therefore, the request IS NOT medically necessary.