

Case Number:	CM15-0138716		
Date Assigned:	07/28/2015	Date of Injury:	01/10/2013
Decision Date:	09/16/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female who sustained an industrial injury on 01/10/2013. The initial mechanism and report of injury is not found in the records reviewed. The injured worker was diagnosed as having: Discogenic cervical condition with disc disease form C3-C7; Status post fusion L4-L5, Head injury status post-concussion with persistent headaches, blurry vision memory changes difficulty with concentration, anxiety, stress, Chronic pain and inactivity with element of weight loss disturbed sleep, stress, and depression. Treatment to date has included surgery and medications. Prior to the visit of 06/26/2015, pain medications were being ordered by her primary physician. Currently, the injured worker complains of severe pain in the low back, disturbed sleep, stress, and depression. Objectively, the worker has tenderness along the cervical and lumbar paraspinal muscles bilaterally, pain along the facets, and pain with facet loading. The treatment plan includes anti-inflammatories, pain medication, and medication for insomnia, a CT scan of the lumbar spine to evaluate effusion, a referral to psychiatry, and physical therapy. The worker has returned to work. A request for authorization was made for the following: 1. Lunesta 2 mg Qty 30; 2. CT (computed tomography) scan, Lumbar spine, Qty 1; 3. Physical Therapy, Lower Back, 3 times wkly for 4 wks., 12 sessions; 4. Protonix 20 mg Qty 60; 5. Tramadol ER (extended release) 150 mg Qty 30; 6. Consultation with Psychiatrist, Qty 1; 7. Naproxen 550 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Eszopicolone (Lunesta); Mental Illness & Stress - Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress.

Decision rationale: The CA MTUS does not specifically address use of Lunesta; therefore the ODG provides the preferred mechanism for assessment of clinical necessity in this case. The ODG recommends limiting use of hypnotics like Lunesta to three weeks maximum in the first two months of injury only, and discourages use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence that the patient is benefiting from the medication based on the provided medical records and there are concerns warranting consultation to psychiatry; therefore the request is not considered medically necessary at this time.

CT (computed tomography) scan, Lumbar spine, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - CT & CT Myelography (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case there is no clear evidence of a substantial change in clinical findings since prior imaging (MRI). Additionally, there is no indication of reasoning for the value of CT scan for structural assessment in addition to MRI and plain films at this time. Without further details or more substantial clinical indications for CT scan based on physical exam or other requested imaging studies, the request for CT scan at this time cannot be considered medically necessary per the guidelines.

Physical Therapy, Lower Back, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of

objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 12 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.

Protonix 20 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case the patient appears to be using NSAIDs, and a history of GI side effects is assumed. The provided records do not indicate that attempted treatment with a first line PPI (Omeprazole) failed, making Protonix a reasonable choice. In a patient with chronic use of NSAIDs, close follow up is indicated based on the risk of severe GI complications. Therefore, based on the provided records, discontinuation of protonix may not be a safe decision. The request is considered medically appropriate at this time, understanding that clear documentation of evidence for continued use should be provided.

Tramadol ER (extended release) 150 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvant is also recommended. Given the

documentation supporting moderate to severe pain, the request is considered medically appropriate, understanding that further supporting evidence in the form of functional improvement on the medication should be provided. At this time, the request is considered medically appropriate based on the provided records.

Consultation with Psychiatrist, Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario which is difficult to treat. Given the multiple body areas involved in chronic pain and treatment with multiple providers and apparently worsening depression, etc., it is reasonable to seek assistance from a psychiatrist, specifically if medications are a consideration. Given the complexity of the patient's history, consultation with a psychiatrist is appropriate to ensure adequate oversight, risk assessment, and patient safety. In the opinion of this reviewer, the request for psychiatry consultation is warranted, and therefore, based on the provided records, the request is considered medically necessary at this time.