

Case Number:	CM15-0140878		
Date Assigned:	07/30/2015	Date of Injury:	05/10/2007
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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 63 year old male, who sustained an industrial injury on 5-10-2007. Diagnoses include numbness, carpal tunnel syndrome, thoracic or lumbosacral neuritis or radiculitis, spinal stenosis lumbar region with neurogenic claudication, degeneration of lumbar or lumbosacral intervertebral disc and neck pain. Treatment to date has included acupuncture and medications including etodolac (Lodine), omeprazole and Tylenol and Cyclobenzaprine. Per the Primary Treating Physician's Progress Report dated 6-23-2015, the injured worker reported that he can stand/walk much better with acupuncture. He has again been approved for an extension of 10 additional sessions of acupuncture. There was a delay in acupuncture and he had to start etodolac again and he again developed gastrointestinal upset. He rates his pain as 2-3 out of 10 in intensity with pain medications and 4-5 out of 10 in intensity without medication. Physical examination of the lumbar spine revealed tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinals. There was pain with lumbar flexion and extension. The plan of care included, and authorization was requested, for 8 acupuncture visits, Flexeril 7.5mg, Prilosec 20mg, and Lodine 400mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with chronic low back pain. The request is for 8 ACUPUNCTURE VISITS. The request for authorization is dated 06/24/15. MRI of the lumbar spine, 05/10/11, shows progressive multifactorial degenerative severe canal stenosis at the L4-5 level. Physical examination of the lumbar reveals there is tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise elicits low back pain. The patient would like to continue with acupuncture. Acupuncture allows the patient to remain functional, walking, and reducing his need for nsaid's. He has been again approved for an additional 10 sessions of acupuncture. The patient rates his pain as a 2-3/10 in intensity with Etodolac and as a 4-5/10 in intensity without pain medications. He would like a refill on Omeprazole to help with GI upset from Etodolac. Patient's medications include Lodine, Flexeril, Prilosec, Actos, Tylenol, Janumet and Claritin-D. Per progress report dated 06/23/15, the patient is permanent and stationary. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." ODG-TWC, under Acupuncture Section states, "With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Per progress report dated 06/23/15, treater's reason for the request is "He received an extension of authorization; however, we will put in authorization for 8 additional sessions so that he can continue with acupuncture weekly, without interruption." It appears the patient has already been authorized for 10 additional sessions of acupuncture due to functional improvement following initial acupuncture treatment. ODG recommends a total of 8-12 additional visits of acupuncture with evidence of functional improvement. In this case, the request for another 8 sessions of Acupuncture in addition to already authorized 10 sessions would exceeds ODG recommendation. Therefore, the request IS NOT medically necessary.

Lodine 400mg #60 with 4 refills: 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 (Chronic), Etodolac.

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

Decision rationale: The patient presents with chronic low back pain. The request is for LODINE 400MG #60 WITH 4 REFILLS. The request for authorization is dated 06/24/15. MRI of the lumbar spine, 05/10/11, shows progressive multifactorial degenerative severe canal stenosis at the L4-5 level. Physical examination of the lumbar reveals there is tenderness over

the bilateral L4-5 and L5-S1 lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise elicits low back pain. The patient would like to continue with acupuncture. Acupuncture allows the patient to remain functional, walking, and reducing his need for nsais. He has been again approved for an additional 10 sessions of acupuncture. The patient rates his pain as a 2-3/10 in intensity with Etodolac and as a 4-5/10 in intensity without pain medications. He would like a refill on Omeprazole to help with GI upset from Etodolac. Patient's medications include Lodine, Flexeril, Prilosec, Actos, Tylenol, Janumet and Claritin-D. Per progress report dated 06/23/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 06/23/15, treater's reason for the request is "He states that there were delays in acupuncture treatments, and the patient had to restart etodolac again." Patient has been prescribed Lodine since at least 12/16/14. MTUS supports the use of anti-inflammatories and page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when using it for chronic pain. Per progress report dated 06/23/15, treater notes, "The patient rates his pain as a 2-3/10 in intensity with Etodolac and as a 4-5/10 in intensity without pain medications." In this case, treater has adequately documented pain reduction with Lodine, however, does not discuss or document any functional improvement with Lodine. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The patient presents with chronic low back pain. The request is for FLEXERIL 7.5MG #60. The request for authorization is dated 06/24/15. MRI of the lumbar spine, 05/10/11, shows progressive multifactorial degenerative severe canal stenosis at the L4-5 level. Physical examination of the lumbar reveals there is tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise elicits low back pain. The patient would like to continue with acupuncture. Acupuncture allows the patient to remain functional, walking, and reducing his need for nsais. He has been again approved for an additional 10 sessions of acupuncture. The patient rates his pain as a 2-3/10 in intensity with Etodolac and as a 4-5/10 in intensity without pain medications. He would like a refill on Omeprazole to help with GI upset from Etodolac. Patient's medications include Lodine, Flexeril, Prilosec, Actos, Tylenol, Janumet and Claritin-D. Per progress report dated 06/23/15, the patient is permanent and stationary. MTUS pg 63-66 states: "Muscle relaxants (for pain):

Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 06/23/15, treater's reason for the request is "at bedtime for pm spasms in low back." The patient has been prescribed Flexeril since at least 12/16/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The patient presents with chronic low back pain. The request is for PRILOSEC 20MG #120. The request for authorization is dated 06/24/15. MRI of the lumbar spine, 05/10/11, shows progressive multifactorial degenerative severe canal stenosis at the L4-5 level. Physical examination of the lumbar reveals there is tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise elicits low back pain. The patient would like to continue with acupuncture. Acupuncture allows the patient to remain functional, walking, and reducing his need for nsaid. He has been again approved for an additional 10 sessions of acupuncture. The patient rates his pain as a 2-3/10 in intensity with Etodolac and as a 4-5/10 in intensity without pain medications. He would like a refill on Omeprazole to help with GI upset from Etodolac. Patient's medications include Lodine, Flexeril, Prilosec, Actos, Tylenol, Janumet and Claritin-D. Per progress report dated 06/23/15, the patient is permanent and stationary. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 06/23/15, treater's reason for the request is "to help with GI upset from etodolac." The patient has been prescribed Prilosec since at least 12/16/14. In this case, the patient is prescribed Lodine, an NSAID. However, the request for Lodine has not been authorized. Therefore, the request IS NOT medically necessary.