

<b>Case Number:</b>	CM15-0143981		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/23/2000
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 68-year-old male who sustained an industrial injury on 10-23-00. Initial complaints and diagnoses are not available. Treatments to date include medications, spinal cord I stimulator, multiple epidural steroid injections, bilateral carpal tunnel surgery, and L5-S1 disc replacement. Diagnostic studies are not addressed. Current complaints include pain in the low back and left leg. Current diagnoses include L3-4 congenital auto fusion, failed back surgery syndrome, bilateral heel pain. In a progress note dated 04-27-15, the treating provider reports the plan of care as medications including Oxycodone and Oxycontin, as well as a urine drug screen on the date of service. The requested treatments include Oxycontin, Oxycodone, an x-ray of the cervical spine, and aqua therapy to the lumbar and cervical spines. The documentation supports that the dose of Oxycontin has been reduced from 80 mg to 50 mg every 8 hours since 01-12-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

**Decision rationale:** The patient presents with pain in the neck, low back, left leg and left testicle. The request is for X-RAY OF THE CERVICAL SPINE. Patient is status post disc replacement surgery 11/2006. Physical examination to the cervical spine on 04/27/15 revealed tenderness to palpation over the bilateral paracervical muscles. Range of motion was painful in all planes. Examination to the lumbar spine revealed tenderness to palpation to the lumbar axial and bilateral paraspinal muscles. Range of motion was limited in all planes. Straight leg raising test was positive in the left leg. Per 02/09/15 progress report, patient's diagnosis include other and unspecified disc disorder of lumbar region, s/p L4-5 disc replacement, failed back surgery syndrome, bilateral heel pain, and s/p Boston Scientific SCS implant, spinal sten lumb reg w/o neurogenic claudication, thoracic/lumbosacral neuritis/radiculitis unspec, spinal stenosis in cervical region, cervical radiculitis, carpal tunnel syndrome, counseling on substance use and abuse, obstructive sleep apnea, gingival recession moderate, and depressive disorder not elsewhere classified. Patient's medications, per 08/03/15 progress report include Iosartan, Bystolic, Adipex-P, Flomax, Citalopram, Vitamin D3, Oxycontin, Soma, and Lyrica. Patient's work status was not specified. ODG Neck and Upper Back Chapter, under Radiography have the following: "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography... There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Treater has not discussed this request. The RFA for this request is hand written and not legible. The patient continues to suffer from neck pain and is diagnosed with cervical radiculitis. Physical examination to the cervical spine on 04/27/15 revealed tenderness to palpation with a painful range of motion. Review of the medical records provided does not indicate prior X-rays of the cervical spine. This request appears to be reasonable and is supported by the guidelines. Therefore, it IS medically necessary.

**Aquatic Therapy - Lumbar/Cervical Spine (Unknown frequency and duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The patient presents with pain in the neck, low back, left leg and left testicle. The request is for AQUATIC THERAPY LUMBAR/CERVICAL SPINE (UNKNOWN FREQUENCY AND DURATION). Patient is status post disc replacement surgery 11/2006. Physical examination to the cervical spine on 04/27/15 revealed tenderness to palpation over the bilateral paracervical muscles. Range of motion was painful in all planes. Examination to the lumbar spine revealed tenderness to palpation to the lumbar axial and bilateral paraspinal muscles. Range of motion was limited in all planes. Straight leg raising test

was positive in the left leg. Per 02/09/15 progress report, patient's diagnosis include other and unspecified disc disorder of lumbar region, s/p L4-5 disc replacement, failed back surgery syndrome, bilateral heel pain, and s/p Boston Scientific SCS implant, spinal sten lumb reg w/o neurogenic claudication, thoracic/lumbosacral neuritis/radiculitis unspec, spinal stenosis in cervical region, cervical radiculitis, carpal tunnel syndrome, counseling on substance use and abuse, obstructive sleep apnea, gingival recession moderate, and depressive disorder not elsewhere classified. Patient's medications, per 08/03/15 progress report include Iosartan, Bystolic, Adipex-P, Flomax, Citalopram, Vitamin D3, Oxycontin, Soma, and Lyrica. Patient's work status was not specified. MTUS page 22 has the following regarding aquatic therapy: Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater does not discuss the request. The patient suffers from neck and low back pain and the progress reports indicate that the patient is obese. Given the patient's condition, a short course of Aqua Therapy would be indicated. However, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. MTUS recommends up to 10 visits of therapy. In this case, the request is for an unknown frequency and duration of aqua therapy and, therefore, unable to make a determination. Therefore, the request IS NOT medically necessary.

**Oxycodone 10mg tab 1-2 every 6 hours PRN for 30 days #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**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, 80,81.

**Decision rationale:** The patient presents with pain in the neck, low back, left leg and left testicle. The request is for OXYCODONE 10 MG TAB 1-2 EVERY 6 HOURS PRN FOR 30 DAYS #180. Patient is status post disc replacement surgery 11/2006. Physical examination to the cervical spine on 04/27/15 revealed tenderness to palpation over the bilateral paracervical muscles. Range of motion was painful in all planes. Examination to the lumbar spine revealed tenderness to palpation to the lumbar axial and bilateral paraspinal muscles. Range of motion was limited in all planes. Straight leg raising test was positive in the left leg. Per 02/09/15 progress report, patient's diagnosis include other and unspecified disc disorder of lumbar region, s/p L4-5 disc replacement, failed back surgery syndrome, bilateral heel pain, and s/p Boston Scientific SCS implant, spinal sten lumb reg w/o neurogenic claudication, thoracic/lumbosacral neuritis/radiculitis unspec, spinal stenosis in cervical region, cervical radiculitis, carpal tunnel syndrome, counseling on substance use and abuse, obstructive sleep apnea, gingival recession moderate, and depressive disorder not elsewhere classified. Patient's medications, per 08/03/15 progress report include Iosartan, Bystolic, Adipex-P, Flomax, Citalopram, Vitamin D3, Oxycontin, Soma, and Lyrica. Patient's work status was not specified. 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." Patient has been prescribed Oxycodone from 01/12/15 and 08/03/15. In this case, treater has not discussed how Oxycodone significantly improves patient's activities of daily living. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**OxyContin 10mg tab ER 1 tab every 8 hours PRN for 30 days #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 pain in the neck, low back, left leg and left testicle. The request is for OXYCONTIN 10 MG ER 1 TAB EVERY 8 HOURS PRN FOR 30 DAYS #90. Patient is status post disc replacement surgery 11/2006. Physical examination to the cervical spine on 04/27/15 revealed tenderness to palpation over the bilateral paracervical muscles. Range of motion was painful in all planes. Examination to the lumbar spine revealed tenderness to palpation to the lumbar axial and bilateral paraspinal muscles. Range of motion was limited in all planes. Straight leg raising test was positive in the left leg. Per 02/09/15 progress report, patient's diagnosis include other and unspecified disc disorder of lumbar region, s/p L4-5 disc replacement, failed back surgery syndrome, bilateral heel pain, and s/p Boston Scientific SCS implant, spinal sten lumb reg w/o neurogenic claudication, thoracic/lumbosacral neuritis/radiculitis unspec, spinal stenosis in cervical region, cervical radiculitis, carpal tunnel syndrome, counseling on substance use and abuse, obstructive sleep apnea, gingival recession moderate, and depressive disorder not elsewhere classified. Patient's medications, per 08/03/15 progress report include Iosartan, Bystolic, Adipex-P, Flomax, Citalopram, Vitamin D3, Oxycontin, Soma, and Lyrica. Patient's work status was not specified. 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 from 01/12/15 and 08/03/15. It is not known when Oxycontin was initiated. In this case, treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living. There are no validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.