MAXIMUS Federal Services

Case Number:	CM15-0163729		
Date Assigned:	08/31/2015	Date of Injury:	07/31/2013
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on July 31, 2013. The injured worker is diagnosed as having spinal stenosis, lumbar radiculopathy, lumbar facet joint pain, lumbar intervertebral disc degeneration and chronic low back pain. The injured worker is not currently working. Currently, the injured worker complains of back pain that radiates to both of her legs. She reports her medications reduce her pain from 9-10 on 10 to 7-8 on 10, per note dated August 7, 2015. The note also states the injured worker reports "the benefit of chronic pain medication maintenance regimen, activity restriction and rest" keeps her pain within a manageable level and allows her to be able to walk for 20 minutes, shop for 40 minutes and do light household chores. Physical examinations dated April 1, 2015 - August 7, 2015 revealed cervical spine tenderness and tightness of bilateral trapezius muscles, minimal restriction of range of motion and a negative Spurling's sign. Lumbar spine tenderness is noted across the lumbosacral area with painful muscular spasm and some tenderness over the sacrum with deep palpation. There is a 50% restriction of lumbar extension, 60% restriction of flexion and 30% restriction of lateral bending. She has a positive straight leg raise and a negative Patrick's sign. Internal and external rotation of the hips is tender. Sensory examination reveals some hypoesthesia of the right lateral leg area in the calf. Deep tendon reflexes reveal a reflexia of the left ankle and there is a trace of atrophy of the left calf. Treatment to date has included physical therapy, pain management, electrodiagnostic studies (January 2015) and an MRI (2013). Chiropractic care and home exercise program offered minimal benefit, per note dated April 1, 2015. Her medications regimen has included; Norco 10-325 mg twice a day, Ibuprofen

800 mg three times a day and Robaxin 5 mg twice a day as needed. A lumbar epidural steroid injection offered a 50% decrease in pain, which allowed improved ability to function and decrease her medications, per note dated May 8, 2015. However, in a note dated August 7, 20015 she reports her most recent epidural injection on June 29, 2015 did not offer much improvement in symptoms nor did previous epidural and sacroiliac joint injections, per note date April 1, 2015. The requests for chiropractic sessions for the lumbar spine (once a week for six weeks) is denied as the details regarding previous therapy visits completed and the injured workers response was not clearly outlined, Percocet 10-325 mg #60 is denied as documentation of objective evidence of functional improvement was not submitted and Prilosec 20 mg #30 with three refills is modified to generic Prilosec with one refill, per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions (Lumbar) Once a Week for Six Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for radiating low back pain. Medications are referenced as decreasing pain from 8-9/10 to 7-8/10 and as allowing for light household chores and improved walking and tolerance and tolerance for shopping. In April 2015, Norco, ibuprofen, and Robaxin were being prescribed. In June 2015, pain was rated at 8/10 and Norco was changed to Percocet. The total MED (morphine equivalent dose) was increased from 10 mg per day to 30 mg per day. When seen, pain was rated at 7-8/10. Her activity tolerances were unchanged. She was having symptoms of reflux. There had been little improvement after an epidural steroid injection. Physical examination findings included cervical, lumbar, and trapezius tenderness. There was decreased lumbar and minimally decreased cervical range of motion. There were lumbar muscle spasms. Straight leg raising was positive bilaterally. There was decreased right lower extremity sensation and decreased left lower extremity reflex responses. Omeprazole was prescribed. Chiropractic treatments were requested. Percocet was continued at the same dose. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatments being requested is consistent with the guideline recommendation and is medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2) : 149-58.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for radiating low back pain. Medications are referenced as decreasing pain from 8-9/10 to 7-8/10 and as allowing for light household chores and improved walking and tolerance and tolerance for shopping. In April 2015, Norco, ibuprofen, and Robaxin were being prescribed. In June 2015, pain was rated at 8/10 and Norco was changed to Percocet. The total MED (morphine equivalent dose) was increased from 10 mg per day to 30 mg per day. When seen, pain was rated at 7-8/10. Her activity tolerances were unchanged. She was having symptoms of reflux. There had been little improvement after an epidural steroid injection. Physical examination findings included cervical, lumbar, and trapezius tenderness. There was decreased lumbar and minimally decreased cervical range of motion. There were lumbar muscle spasms. Straight leg raising was positive bilaterally. There was decreased right lower extremity sensation and decreased left lower extremity reflex responses. Omeprazole was prescribed. Chiropractic treatments were requested. Percocet was continued at the same dose. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that changing Norco to Percocet has resulted in a clinically significant decrease in pain or change in function or activity tolerances. Continued prescribing at this dose is not medically necessary.

Prilosec 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Proton pump inhibitors (PPIs); Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for radiating low back pain. Medications are referenced as decreasing pain from 8-9/10 to 7-8/10 and as allowing for light household chores and improved walking and tolerance and tolerance for shopping. In April 2015, Norco, ibuprofen, and Robaxin were being prescribed. In June 2015 pain was rated at 8/10 and Norco was changed to Percocet. The total MED (morphine equivalent dose) was increased from 10 mg per day to 30 mg per day. When seen, pain was rated at 7-8/10. Her activity tolerances were unchanged. She was having symptoms of reflux. There had been little improvement after an epidural steroid injection. Physical examination findings included cervical, lumbar, and trapezius tenderness. There was decreased lumbar and minimally decreased cervical range of motion. There were lumbar muscle spasms. Straight leg raising was positive bilaterally. There was decreased right lower extremity sensation and decreased left lower extremity reflex responses. Omeprazole was prescribed. Chiropractic treatments were

requested. Percocet was continued at the same dose. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take ibuprofen at the recommended dose and has a history of gastrointestinal upset. Prilosec (omeprazole) is medically necessary.