MAXIMUS Federal Services

Case Number:	CM15-0164991		
Date Assigned:	09/02/2015	Date of Injury:	10/08/2011
Decision Date:	10/16/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on October 8, 2011. The injured worker was diagnosed as having L5-S1 protrusion, L4-L5 facet osteoarthropathy, rule out herniated nucleus pulposus (HNP) thoracic spine, and lumboparaspinal refractory trigger points. Treatments and evaluations to date have included physical therapy, home exercise program (HEP), and medication. Currently, the injured worker reports 8 out of 10 low back pain with left greater than right lower extremity symptoms with multiple tender lumboparaspinal trigger points, and thoracic pain unchanged, rated as 5 out of 10. The Primary Treating Physician's report dated June 25, 2015, noted the injured worker reported failed myofascial component-trigger points to physical therapy, home exercise program (HEP), activity modification, and non-steroid anti-inflammatory drugs (NSAIDs). Medications were noted to facilitate maintenance of activities of daily living (ADLs). The injured worker was noted to take no greater than 2-3 Hydrocodone per day for breakthrough pain. The injured worker's Cyclobenzaprine was noted to decrease spasms for approximately 4-6 hours, improve range of motion (ROM) and tolerance to exercise, with additional decrease in overall pain. Physical examination was noted to show multiple tender trigger points in the lumboparaspinal musculature with spasms and diminished sensation on the left L5 and S1 and right S1 dermatomal distributions. The treatment plan was noted to include requests for authorization for extracorporeal shock wave therapy, additional physical therapy, a TENS trial, and medications including Tramadol ER, Hydrocodone, Naproxen Sodium, Pantoprazole, and Cyclobenzaprine,

and initiation of a urine drug screen (UDS). The injured worker was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) extracorporeal shock wave therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter: Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Shock Wave therapy.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The Official Disability Guidelines (ODG) notes that shockwave therapy is not recommended as available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain, and in the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. The injured worker was noted to complain of low back pain and lumboparaspinal musculature trigger points. The physician requested shockwave therapy for the lumbar spine to address trigger points and myofascial components. Therefore based on the guidelines, the request for five (5) extracorporeal shock wave therapy sessions is not medically necessary.

Eight (8) additional physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as

measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines note that passive therapy can provide short term relief during the early phases of pain management, and active therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion (ROM), and can alleviate discomfort. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, chapter on low back complaints notes physical manipulation is safe and effective in the first few weeks of back pain without radiculopathy with efficacy not proven for symptoms lasting longer than one month. The injured worker was noted to have had failed myofascial component-trigger points to physical therapy. The documentation provided did not include any physical therapy progress notes or documentation of the dates, duration, or frequency of previous physical therapy. The documentation provided failed to include objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on medical treatment with previous physical therapy. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for eight (8) additional physical therapy sessions. Therefore, the request is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 6/25/2015): 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, with limited, mixed-evidence not allowing for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been prescribed the Cyclobenzaprine without documentation of duration of treatment, or objective, measurable improvement in the injured worker's ability to perform specific activities of daily living (ADLs), work status, or dependency

on medical care with the use of the Cyclobenzaprine. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the retrospective request for Cyclobenzaprine 7.5mg #90 for the date of service June 25, 2015. Therefore, the request is not medically necessary.

Hydrocodone/APAP 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Chronic): Opioid, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Hydrocodone/Acetaminophen (APAP) is indicated for moderate to moderately severe pain. The injured worker was noted to have had significant objective improvement with medication in activity level and function without objective, measurable improvement in the injured worker's pain, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with the Hydrocodone/APAP. The documentation provided did not include documentation of the least reported pain over the period since last assessment, the average pain, the intensity of pain after taking the Hydrocodone/APAP, how long it took for pain relief, or how long the pain relief lasted. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Hydrocodone/APAP 7.5mg #90. Therefore, the request is not medically necessary.