

Case Number:	CM15-0167705		
Date Assigned:	09/08/2015	Date of Injury:	09/26/2004
Decision Date:	10/22/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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:

This 68 year old female sustained an industrial injury to the low back and right wrist on 9-26-04. Previous treatment included lumbar fusion (2010), physical therapy, injections and medications. Documentation did not disclose the amount of previous therapy. In a visit note dated 2-6-15, the injured worker complained of low back pain rated 9 out of 10 on the visual analog scale. The injured worker's medications were renewed (Nexium, Oxycontin, Oxycodone, Lyrica, Alprazolam and Percocet). In a visit note dated 7-10-15, the injured worker complained of low back pain rated 9 to 10 out of 10. The injured worker stated that she had fallen that morning. The injured worker reported having an episode of pain exacerbation four weeks ago due to cold weather with an increase in pain by 50%. The injured worker had been evaluated in the Emergency Department on 6-23-15 after a fall. The injured worker reported that "they had to suck blood of her stomach". The injured worker stated that she was tolerating her medication, home exercise and assistive devices including a cane, wheelchair and walker. Physical exam was remarkable for lumbar spine with decreased range of motion, positive bilateral straight leg raise, 5 out of 5 upper and lower extremity strength with the exception of 4 out of 5 left ankle dorsiflexion, decreased sensation at the left L4-5 distribution and absent deep tendon reflexes at bilateral ankles and knees. The injured worker walked with a slow, stooped, antalgic gait. The injured worker was unable to toe-walk or heel-walk. Current diagnoses included left knee sprain and strain, right medial meniscus tear, knee osteoarthritis, stroke, right knee effusion, left knee internal derangement, cervical spine radiculopathy, trochanteric bursitis, right knee bursitis, lumbar spine spondylolisthesis, cervical spine sprain and strain, right knee contusion and status

post lumbar spine surgery. The treatment plan included a referral to home physical therapy twice a week for six weeks for fall prevention, fall recovery and a home program, continuing previous medications (Nexium, Oxycodone, Lyrica, Percocet, Oxycontin, Alprazolam, Norco, Omeprazole, Spiriva and Tessalon) and initiating Cymbalta. Utilization modified the request for physical therapy to one visit citing lack of documentation of therapy provided to date and functional gains accomplished from prior sessions. Utilization review modified the request for Percocet, Oxycontin and Alprazolam to allow for weaning and citing lack of documentation of the Four A domains. Utilization review denied the request for Cymbalta noting that the injured worker had not been defined as having neuropathic pain, lack of documentation of depression and lack of indication that the injured worker had been tried on a tricyclic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy 2x6: 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): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. During the physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Original reviewer modified the request to 1 session of home physical therapy. Home Physical Therapy 2x6 is not medically necessary.

Cymbalta 20mg #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): Antidepressants for chronic pain.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Cymbalta 20mg #60 is not medically necessary.

Percocet 10/325mg #120: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg #120 is not medically necessary.

Oxycontin 30mg #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 for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycontin 30mg #60 is not medically necessary.

Alprazolam 1mg #30: 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, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Alprazolam 1mg #30 is not medically necessary.

