

Case Number:	CM15-0184357		
Date Assigned:	09/24/2015	Date of Injury:	05/14/2013
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 male, who sustained an industrial injury on May 14, 2013. Medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis, lumbar myofascial pain, multiple trigger points of the lumboparaspinal muscles and paracervical strain. The injured worker was temporarily partially disabled. On (8-28-15) the injured worker complained of low back pain with radiation to the right lower extremity. The pain was rated 7 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed multiple trigger points and spasm of the lumboparaspinal musculature and a decreased range of motion. Sensation was diminished, left greater than the right in the lumbar five-sacral one distribution. The injured worker had difficulty arising from a seated position. Subsequent progress reports (8-7-15, 7-15-15, 6-17-15 and 5-20-15) indicate that the injured workers pain levels remained consistent at 7 out of 10. Treatment and evaluation to date has included medications, physical therapy, lumbar-sacral orthosis back brace, transcutaneous electrical nerve stimulation unit, toxicology screening and a home exercise program. Current medications include Hydrocodone (since at least May of 2015), Pantoprazole (since at least May of 2015), Cyclobenzaprine (since at least May of 2015), Tramadol and Naproxen. The injured workers medications helped facilitate maintenance of his activities of daily living including shopping, grooming and cooking. The injured worker recalled gastrointestinal upset with non-steroidal anti-inflammatory drugs without a proton pump inhibitor medication. The injured worker denied gastrointestinal upset with a proton pump inhibitor medication. Cyclobenzaprine was noted to decrease the injured workers spasms for approximately 4-6 hours facilitating marked improvement in range of motion, tolerance to exercise and a decrease in overall pain level average 3-4 points on the

visual analogue scale. Medications tried and failed include Omeprazole. Current requested treatments include Hydrocodone 10-325 mg # 60, Pantoprazole 20 mg # 90, Cyclobenzaprine 7.5 mg # 90 and shockwave therapy to the lumbar spine times 5 sessions. The Utilization Review documentation dated 9-11-15 non-certified the request for Hydrocodone 10-325 mg # 60, Pantoprazole 20 mg # 90 and shockwave therapy to the lumbar spine times 5 sessions and modified the request for Cyclobenzaprine 7.5 mg # 60 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 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.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Pantoprazole 7.5mg #90: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(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)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Cyclobenzaprine 7.5mg #90: 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): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Shockwave Therapy Lumbar Spine x 5 sessions once a week for 30 minutes each session:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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)/ Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for Extracorporeal shock wave therapy (ESWT). The MTUS guidelines have limited information regarding this topic for back pain. The Official Disability Guidelines state the following: Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. (Seco, 2011) In this case, the use of this treatment modality is not indicated. This is secondary to poor clinical evidence regarding effectiveness of use. As such, the request is not medically necessary.