MAXIMUS Federal Services

Case Number:	CM15-0189879		
Date Assigned:	10/02/2015	Date of Injury:	10/24/2014
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 29 year old male, who sustained an industrial injury on 10-24-2014. He reported injuries to the neck, low back and right knee from cumulative from cumulative trauma and heavy lifting activities. Diagnoses include thoracic disc protrusion, myofascitis, thoracic sprain-strain, lumbar sprain-strain, muscle spasm, radiculopathy and left knee chondromalacia. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatment sessions, massage therapy, and joint injections to the knee. On 6-2-15, the records indicated ongoing low back pain rated 8 out of 10 VAS. Medication at that time included Tramadol, Flexeril, Ibuprofen and Ambien. It was noted the Norco was discontinued because of a diagnosis of Hepatitis C. The medications at that time were noted to provide 85 % relief of pain and increased functional activity. Currently, he complained of ongoing pain in the mid back, low back and left knee. On 8-25-15, the physical examination documented tenderness of the thoracic muscles with spasm noted. The lumbar spine demonstrated decreased range of motion, tenderness, muscle spasm and a positive left side straight leg raise. The left knee was tender with muscle spasm and a positive McMurray's test. The plan of care included a prescription for Oxycodone 10mg #90, one tablet three times a day as needed for pain and shockwave therapy sessions for the lumbar spine. The appeal requested authorization for Oxycodone 10mg #90 and six (6) extracorporeal shockwave therapy sessions for a lumbar spine. The Utilization Review dated 8-31-15, modified the appeal to allow Oxycodone 10mg #81; and denied the six sessions of shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 29 year old patient complains of upper/mid back pain, lower back pain, and left knee pain, as per progress report dated 08/25/15. The request is for OXYCODONE 10mg #90. The RFA for this case is dated 08/25/15, and the patient's date of injury is 10/24/14. Diagnoses, as per progress report dated 08/25/15, included thoracic disc protrusion, thoracic myofascitis, thoracic sprain/strain, lumbar disc protrusion, lumbar myospasm, lumbar myofascitis, lumbar radiculopathy, lumbar sprain/strain, and left knee chondromalacia. The patient is taking Oxycodone for pain relief, and is off work, as per the same progress report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Oxycodone is first noted in progress report dated 06/30/15. Prior progress reports document the use of Norco and Tramadol. It is not clear when opioid therapy was initiated. As per progress report dated 06/02/15, Norco was discontinued as the patient developed Hepatitis C. Medications, which included Tramadol, provided 85% pain relief. In progress report dated 07/28/15, the treater states that medications (Oxycodone) along with additional therapies were “helping to decrease pain and increase activities of daily living.” The patient did undergo urine toxicology screening on 02/02/15 and 03/02/15. The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." No CURES report has been provided to address aberrant behavior. There is no discussion regarding side effects of opioids as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.

Extracorporeal Shock Wave Therapy x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Shock Wave Therapy Clinical Policy Bulletin: Extracorporeal Shock Wave Therapy for Musculoskeletal Indications and Soft Tissue Injuries.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back chapter under Shock wave therapy.

Decision rationale: The 29 year old patient complains of upper/mid back pain, lower back pain, and left knee pain, as per progress report dated 08/25/15. The request is for EXTRACORPOREAL SHOCK WAVE THERAPY x6 FOR THE LUMBAR SPINE. The RFA for this case is dated 08/25/15, and the patient's date of injury is 10/24/14. Diagnoses, as per progress report dated 08/25/15, included thoracic disc protrusion, thoracic myofascitis, thoracic sprain/strain, lumbar disc protrusion, lumbar myospasm, lumbar myofascitis, lumbar radiculopathy, lumbar sprain/strain, and left knee chondromalacia. The patient is taking Oxycodone for pain relief, and is off work, as per the same progress report. ODG guidelines, Lower Back chapter under Shock wave therapy states: 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. In this case, the request for extracorporeal shock wave therapy for the lumbar spine is noted in progress report dated 08/25/15. The treater is requesting the sessions because of "continuing pain despite manual physical therapy, ultrasound, activity modification as well as failure of NSAIDs." ODG guidelines, however, do not support the use of shock wave therapy for lumbar spine as the "available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP." Hence, the request IS NOT medically necessary.