

Case Number:	CM15-0190951		
Date Assigned:	10/05/2015	Date of Injury:	05/07/2013
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
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: 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 40 year old female sustained an industrial injury on 5-7-13. Documentation indicated that the injured worker was receiving treatment for chronic low back pain and right leg pain. Previous treatment included physical therapy, chiropractic therapy, acupuncture, massage, epidural steroid injections, bracing, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (6-19-15) showed L4-5 and L5-S1 annular tears with foraminal stenosis and disc herniation. The injured worker underwent right L4-5 and L5-S1 lumbar microdiscectomy on 9-2-15. The injured worker was hospitalized from 9-7-15 to 9-9-15 due to intractable right leg pain. At the time of admission, the injured worker was on Oxycontin, Neurontin, Soma and Percocet but could not control her pain despite doubling up on Percocet. The physician documented that repeat magnetic resonance imaging showed no definitive nerve root impingement. During the hospitalization the injured worker's medications were adjusted, with a Neurontin dose increased to 600mg three times a day and initiating Valium. The injured worker stated that Valium helped with right leg cramping better than Soma. The physician noted that lab work did not show any signs of infection. At the time of discharge, the injured worker was instructed to continue medications as previously prescribed and increased the Neurontin dosage. In an initial pain management consultation dated 8-31-15, the injured worker complained of ongoing right leg and low back pain, rated 8 to 10 out of 10 on the visual analog scale without medications and 6 to 7 out of 10 with medications. The physician noted that current medications consisted of Neurontin, Oxycodone and Soma. Physical exam was remarkable for lumbar spine with tenderness to palpation, "decreased and guarded" range of

motion, decreased sensation in the left heel and right calf and foot and 5 out of 5 lower extremity strength. The physician recommended a cognitive behavioral therapy evaluation and a course of cognitive behavioral therapy, ongoing pain management for medication management, baseline blood tests including CMP and continuing medications (Percocet, Soma and Neurontin). On 9-17-15, Utilization Review modified a request for ongoing pain management (1x month) qty: 6 to ongoing pain management (1x month) qty: 1. Utilization Review non-certified a request for lab tests (unspecified), lab: CMP, cognitive behavioral therapy, Percocet 5-325mg (quantity unspecified), Soma 350 mg (quantity unspecified) and Neurontin 300mg (quantity unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing pain management (1x month) Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs).

Decision rationale: Criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The original reviewer modified the request to one session to comply with the MTUS Guidelines. Ongoing pain management (1x month) Qty: 6 is not medically necessary.

Lab tests (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. Unspecified lab tests cannot be approved due to lack of specific clinical information. Lab tests (unspecified) are not medically necessary.

Lab: CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patient has been taken off NSAIDs and the requested test is not listed as recommended to monitor a patient on the current drug regimen. There is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Lab: CMP is not medically necessary.

Cognitive behavioral therapy Qty: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS recommends behavioral interventions be initiated with a trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may then be authorized. This patient underwent a lumbar microdiscectomy on 09/02/2015. The patient's surgical outcome should be properly assessed before the addition of cognitive behavioral therapy. Cognitive behavioral therapy Qty: 5 is not medically necessary.

Percocet 5/325 mg (quantity unspecified) Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS recommends Percocet for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The patient reported Percocet could not control her pain despite doubling the recommended daily dosage. Percocet 5/325 mg (quantity unspecified) Qty: 1 is not medically necessary.

Soma 350 mg (quantity unspecified) Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350 mg (quantity unspecified) Qty: 1 is not medically necessary.

Neurontin 300 mg (quantity unspecified) Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. At present, based on the records provided, and the evidence-based guideline review, the request is medically reasonable. But the request is non-specific for amount of medication; consequently, Neurontin 300 mg (quantity unspecified) Qty: 1 is not medically necessary.