

Case Number:	CM15-0193303		
Date Assigned:	10/07/2015	Date of Injury:	09/13/2003
Decision Date:	12/21/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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, Arizona
 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 49 year old female, who sustained an industrial-work injury on 9-13-03. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic pain syndrome, chronic neck pain, upper extremity pain, chronic low back pain, chronic left knee pain, dental problems. Treatment to date has included medication (opioid and muscle relaxants), surgeries to lumbar spine, arthroscopic left knee surgery, physical therapy (2 years prior), physical therapy, and diagnostics. Currently, the injured worker complains of low back pain, left knee pain, neck pain, and GI (gastrointestinal) problems. There is radiating symptoms into the upper extremities with numbness and tingling at the hands. There is radiating symptoms to both lower extremities. Pain is 5 out of 10 with medication and 9 out of 10 without. Current medication includes OxyContin 30 mg, Flexeril 10 mg, Lyrica 150 mg, Ambien 10 mg, Nexium 40 mg, and MiraLax. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted decreased range of motion on the cervical area, palpatory tenderness the paraspinal muscles and trapezius and left shoulder complex. The shoulders are negative. Lumbar spine has decreased range of motion, straight leg raise is positive bilaterally, gait is difficult due to pain. Current plan of care includes pending surgery, medications, exercise program, and physical therapy. The Request for Authorization requested service to include Flexeril 10 mg #60, Oxycodone 30 mg #120, Ambien 5 mg #30, Nexium 40 mg #30, unknown Prescription for Miralax, Physical Therapy Visits for Lumbar Spine and Right Shoulder #10, and Physical Therapy Visits for Left Knee # 8. The Utilization Review on 9-18-15 denied the request for Flexeril 10 mg #60, modified Oxycodone 30 mg #60, denied Ambien 5 mg #30, denied Nexium 40 mg #30, denied unknown

Prescription for Miralax, and denied Physical Therapy Visits for Lumbar Spine and Right Shoulder #10, and denied Physical Therapy Visits for Left Knee # 8, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that this medication is not recommended to be used for longer than 2-3 weeks. Long-term use is not recommended by the MTUS. Flexeril is a skeletal muscle relaxant. As it pertains to these medications, the CA MTUS states "muscle relaxants are not recommended for the treatment of chronic pain". From the MTUS Guidelines: Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As long-term use is not recommended, and the efficacy of this agent in terms of pain control does not appear significant based on review of the submitted records, this request is not medically necessary.

Oxycodone 30 mg #120: Overturned

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

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

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Oxycodone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (the 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Within the submitted records, recent August 2015 physician note clearly outlines the 4 A's and the injured worker has significant pain relief, improved participation in ADLs, and appropriate use with no adverse side effects. This request is medically necessary.

Ambien 5 mg #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien.

Decision rationale: According to the Official Disability Guidelines (ODG), Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. They are not recommended for long-term use. They can be habit-forming and impair function and memory more than opioid pain relievers. Within the records, it appears that in August 2015 Ambien was reduced to 5 mg dosing. Continued weaning is indicated as this request is not supported. There is no recent mention of failure to non-pharmacologic measures to treat sleep disturbances. Improved pain control may serve to improve sleep versus continued prescription of agents not supported by applicable guidelines for long-term use. This request is not medically necessary.

Nexium 40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. There is no mention of GI events or dyspepsia secondary to NSAID use. The request as such, is not medically necessary.

Unknown Prescription for Miralax: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The CA MTUS supports the prophylactic use of stool softeners in those who take opiates for chronic pain. As the request for Oxycodone was deemed certified, the

request for Miralax is also reasonable. Start the sentence instead with "However, as the prescription is incomplete, lacking details such as quantity/duration, the request is not medically necessary."

Physical Therapy Visits for Lumbar Spine and Right Shoulder #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. There is noted recent physical therapy but pain continues to persist, and is noted to consistently be moderate to severe. Additional therapy cannot be supported. There is no significant functional improvements noted with previous PT, nor is there VAS pain score reductions of significance, with recent completed PT. The request for additional PT is not medically necessary.

Physical Therapy Visits for Left Knee # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. There is noted recent physical therapy but pain continues to persist, and is noted to consistently be moderate to severe. Additional therapy cannot be supported. There is no significant functional improvements noted with previous PT, nor is there VAS pain score reductions of significance, with recent completed PT. The request for additional PT is not medically necessary.