

Case Number:	CM15-0195669		
Date Assigned:	10/09/2015	Date of Injury:	08/24/2002
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York

Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 8-24-2002. The injured worker was being treated for failed back surgery syndrome, lumbar radiculopathy, and cervical strain. Medical records (5-14-2015 to 9-3-2015) indicate ongoing neck pain that radiated down the bilateral upper extremities and ongoing low back pain that radiated down the bilateral lower extremities. There was associated bilateral lower extremity muscle weakness. Her pain was aggravated by activity, prolonged sitting, standing and walking. She reported pain medication, pool therapy, and a transcutaneous electrical nerve stimulation (TENS) unit helped her pain. The medical records (5-14-2015 to 9-3-2015) show the subjective pain ratings of 7 out of 10 on average with medications and 9-10 out of 10 on average without medications on 9-3-2015. The injured worker reported that the least pain since the last visit was 6 out of 10, the onset of pain relief is 1 hour from each medication dose and duration of pain relief is 3 hours. She reported functional improvement that included the ability to bathe, brush teeth, cleaning, combing and washing hair, doing laundry, driving, gardening, tying shoes, and walking in the neighborhood. The treating physician noted that a Controlled Substance Utilization Review and Evaluation System (CURES) report was obtained, which showed no inconsistencies. The physical exam (5-14-2015 to 9-3-2015) revealed spasm in the bilateral paraspinous musculature at L4-5 (lumbar 4-5), tenderness to palpation in the spinal vertebral area at L4-S1 (lumbar 4-sacral 1), and moderately limited lumbar range of motion due to pain. There was significantly increased pain with flexion and extension and decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. On 4-7-2015, a CT scan of the lumbar

spine revealed placement of L5 and S1 pedicle screws and an apparent L5-S1 disc prosthesis without evidence of complication. There was no evidence of disc protrusion or nerve root impingement. There was mild L4-5 facet arthrosis. A recent urine drug screen was not included in the provided medical records. Surgeries to date have included lumbar spine surgery. Treatment has included self-procured aquatic therapy at the [REDACTED], psychotherapy, cognitive behavioral therapy, a TENS unit, a home exercise program, and medications including oral pain (Norco since at least 3-2015), topical pain, muscle relaxant (Cyclobenzaprine since at least 3-2015), proton pump inhibitor (Omeprazole since at least 3-2015), anti-anxiety, antidepressant, and anti-epilepsy. Per the treating physician (9-3-2015 report), the employee has not returned to work. On 9-21-2015, the requested treatments included Lyrica 100mg, Omeprazole 20mg, Norco 10-325mg, Cyclobenzaprine 10mg, and 6 months of [REDACTED] Membership with pool access. On 9-24-2015, the original utilization review non-certified requests for Omeprazole 20mg Qty 30, Norco 10/325mg #90, Cyclobenzaprine 10mg #90, and 6 months of [REDACTED] Membership with pool access, and modified requests for Lyrica 100mg Qty 90 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg Qty 90: Upheld

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

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

Decision rationale: MTUS does not address this request. ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and post herpetic neuralgia. It has also been approved for neuropathic pain associated with spinal cord injury. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Lyrica. The request for Lyrica 50mg BID 60 per 30 days refill: 2 is not medically necessary per guidelines. Furthermore, the injured worker does not have a diagnosis that fits the criteria for use of Lyrica. The request for Lyrica 100mg Qty 90 is not medically necessary per guidelines.

Omeprazole 20mg Qty 30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg Qty 30 is not medically necessary per guidelines.

Norco 10/325mg #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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular neck and low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #90 is not medically necessary.

Cyclobenzaprine 10mg #90: 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): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to demonstrate significant objective improvement in the injured worker's pain or functional status to justify

continued use of Cyclobenzaprine. The request for Cyclobenzaprine 10mg #90 is not medically necessary per MTUS guidelines.

██████ **Membership with pool access Qty 6 months:** 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): Aquatic therapy, Exercise, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Aquatic therapy, Gym memberships.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program is recommended at the start of any treatment or rehabilitation program, unless exercise is contraindicated. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity, being that it can minimize the effects of gravity. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG does not recommend Gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Per guidelines, the treatment should be monitored and administered by medical professionals. The injured worker complains of ongoing neck and back pain. At the time of the requested service under review, documentation fails to show evidence for the need of equipment that cannot be provided as part of a Home exercise program or a clinical need for reduced weight bearing, to establish the medical necessity for an optional form of exercise therapy. Furthermore, participation in an unsupervised exercise program at a gym provides no opportunity for progress reports to be submitted to the treatment provider. The request for ██████ Membership with pool access Qty 6 months is not medically necessary by MTUS.