

Case Number:	CM15-0025557		
Date Assigned:	02/18/2015	Date of Injury:	09/26/2013
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/10/2015

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 30 year old male, who sustained an industrial injury on 09/26/2013. The diagnoses have included lumbar spine facet disease and lumbar spine degenerative disc disease. Noted treatments to date have included lumbar corset and medications. No MRI report noted in received medical records. In a progress note dated 09/17/2014, the injured worker presented with complaints of severe back pain and bilateral leg pain. The treating physician reported severe spasm in the lumbar spine and the injured worker has to wear his lumbar corset to help with pain. Utilization Review determination on 02/09/2015 non-certified the request for Cane for Ambulation-Lumbar Spine, Physical Therapy 2xwk x 6wks-Lumbar Spine, and Prilosec 20mg #60 and modified the request for Norco 10/325mg #90 to Norco 10/325mg #30 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 60-61, 76-78, 88-89, 90.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain. The request is for NORCO 10/325 MG #90. Patient's diagnosis per Request for Authorization form dated 01/26/15 includes lumbar spine facet disease and lumbar spine degenerative disc disease. Physical examination to the lumbar spine on 01/08/15 revealed spasm and positive Lasegue's and straight leg raise tests. Patient's medications include Ultram, Anaprox and Prilosec. Patient continues with home exercise program. The patient is on temporary total disability, per treater report dated 09/17/14. MTUS Guidelines 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 page 78 also requires documentation of the 4A's (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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Norco is included in patient's medications per treater report dated 01/08/15. Treater states "patient cannot tolerate Ultram/Norco one tid for pain," under treatment plan. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Per progress report dated 01/08/14, treater states opioid pain contract was discussed and screening urinalysis will be performed periodically to ensure compliance with medications. However, UDS results were not provided. There are no specific discussions regarding aberrant behavior, ADL's, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Cane for ambulation -Lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment Index, 13th Edition (web), 2015, Knee and leg - walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain. The request is for cane for ambulation - lumbar spine. Patient's diagnosis per Request for Authorization form dated 01/26/15 includes

lumbar spine facet disease and lumbar spine degenerative disc disease. Physical examination to the lumbar spine on 01/08/15 revealed spasm and positive Lasegue's and straight leg raise tests. Patient continues with radicular pain to the leg due to lumbar spinal stenosis established by imaging. The patient failed conservative measures of oral medications, activity modification, physical therapy and prolonged rest. Patient's medications include Ultram, Anaprox and Prilosec. Patient continues with home exercise program. The patient is on temporary total disability, per treater report dated 09/17/14. ODG guidelines, knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." Per progress report dated 01/08/14, treater states "patient needs cane to ambulate." Records do not show cane was dispensed previously. Based on diagnosis, physical examination findings and continued pain, the request for a cane to ambulate appears reasonable. Therefore, the request is medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain. The request is for Prilosec 20mg #60. Patient's diagnosis per Request for Authorization form dated 01/26/15 includes lumbar spine facet disease and lumbar spine degenerative disc disease. Physical examination to the lumbar spine on 01/08/15 revealed spasm and positive Lasegue's and straight leg raise tests. Patient's medications include Ultram, Anaprox and Prilosec. Patient continues with home exercise program. The patient is on temporary total disability, per treater report dated 09/17/14. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 06/03/14, treater states Omeprazole "is being prescribed to the patient today for GI symptoms. The patient has been prescribed Naproxen, which has the potential for gastrointestinal symptoms. The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain." Omeprazole was included in patient's medications along with Naproxen, per treater reports dated 05/24/14 and 06/03/14. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms." Treater has provided GI risk assessment. Patient is on oral NSAID therapy, and prophylactic use of PPI is indicated by MTUS. Therefore, the request for Prilosec is medically necessary. Prilosec has been included in patient's medications per treater reports

dated 08/06/14, 09/17/14 and 01/08/15. In this case, the patient is on oral NSAID for which prophylactic use of PPI would be indicated by guidelines. However, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms. Furthermore, there is no discussion of how the patient is doing with the PPI, and with what efficacy. The patient has been taking a PPI at least for 6 months, and treater does not discuss why this medication should be continued. Therefore, the request for Prilosec is not medically necessary.

Physical Therapy 2 times week for 6 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy 2 times a week for 6 weeks - Lumbar spine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back and bilateral leg pain. The request is for physical therapy 2 times week for 6 weeks, lumbar spine. Patient's diagnosis per Request for Authorization form dated 01/26/15 includes lumbar spine facet disease and lumbar spine degenerative disc disease. Physical examination to the lumbar spine on 01/08/15 revealed spasm and positive Lasegue's and straight leg raise tests. Patient continues with radicular pain to the leg due to lumbar spinal stenosis established by imaging. The patient failed conservative measures of oral medications, activity modification, physical therapy and prolonged rest. Patient's medications include Ultram, Anaprox and Prilosec. Patient continues with home exercise program. The patient is on temporary total disability, per treater report dated 09/17/14. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater did not provide reason for request, nor provided a complete treatment history addressing benefits. Given patient's diagnosis, a short course of physical therapy would be indicated. However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.