

Case Number:	CM15-0029640		
Date Assigned:	02/23/2015	Date of Injury:	07/15/2013
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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: Pennsylvania
 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 56 year-old male who has reported low back pain after sitting in a chair on 7/15/13. The recent diagnoses include status-post surgeries, laminectomy, repair of pseudomeningocele/dural tear, and chronic low back pain. After initial non-surgical care, he was referred to a spine surgeon. He has subsequently had 3 spine surgeries, partially to address a pseudomeningocele/dural tear. The last surgery was on 11/18/14. After that surgery he has been referred to a physical medicine and rehabilitation (PMR) specialist, who evaluated him on 1/14/15. The injured worker has been treated with long term opioids, Soma, Lidoderm, and transcutaneous electrical nerve stimulation (TENS). He has been on extended 'temporarily totally disabled' work status. He has attended post-operative physical therapy, although there are no records of recent physical therapy. Prior to the visit of 1/14/15 it does not appear that he was prescribed Flexeril on a chronic basis. None of the treating physician reports show significant functional improvement from any of the treatments. There are no drug tests in the records or references to such tests. Per the evaluation of 1/14/15, there was ongoing low back and buttock pain. There were not neurological deficits. He was using a cane and range of motion was guarded. The treatment plan included continuation of the same medications and TENS, Flexeril (no quantity listed), and water therapy. Work status was 'temporarily totally disabled'. There was no discussion of the specific results of the TENS and prior medications. On 1/29/15 Utilization Review non-certified TENS, partially certified Percocet, non-certified Lidoderm, partially certified Soma, non-certified Flexeril, and partially certified water therapy quantity. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (Transcutaneous Electrical Nerve Stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

Decision rationale: No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration. There is no evidence presented by the treating physician of significant pain relief and functional improvement with use of the TENS to date. The work status of 'temporarily totally disabled' belies any other possibility of significant functional improvement. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

Percocet 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significantly increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as 'temporarily totally disabled', which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This

is not meant to imply that some form of oral analgesia, even opioids, is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Lidoderm patch 5%; #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidocaine Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of 'tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica'. The MTUS recommends against Lidoderm for low back pain. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that he has failed the recommended oral medications. None of the reports describe significant symptomatic and functional benefit. Lidoderm is not medically necessary based on the MTUS.

Soma 350mg tabs; #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants; Carisoprodol (Soma) Page(s): 63; 29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. The treating physician has prescribed two muscle relaxants together, which is redundant and possibly toxic. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Flexeril 10mg tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine; muscle relaxants Page(s): 41-42; 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed (60 tablets per the Utilization Review determination) implies long term use, not for a short period of use for acute pain. The treating physician has prescribed two muscle relaxants together, which is redundant and possibly toxic. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary as prescribed. This is not meant to imply that a muscle relaxant could not be indicated for this injured worker if it were prescribed according to the MTUS recommendations.

Water therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration as goal of treatment; Aquatic therapy; Physical Medicine Page(s): 9; 22; 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: There are no essential exercises or therapy for the back which can only be performed in the water. Medical necessity, if any, is based on the requirement that this or any other patient must exercise only in the water. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. The treating physician has not provided specific indications for water therapy, and back pain does not require water therapy routinely. It is possible that the degree of back pain might be the indication in this case, but this was not discussed. The treating physician did not discuss the water therapy in the context of post-operative physical therapy. Given that the last surgery was in November and the current prescription was in January, the injured worker is still in the 6 month post-operative period. The treating physician did not discuss prior physical therapy visits, if any, after the most recent surgery. The total course of physical therapy after a laminectomy, per the MTUS, is 16 visits, and the initial course is 8 visits. The 16 visits exceed the initial course of recommended physical therapy. The MTUS for chronic pain recommends up to 10 visits of physical therapy for chronic pain. The 16 visits exceed this recommendation as well. As a result, the water therapy as prescribed does not meet the MTUS recommendations and is not medically necessary.