

<b>Case Number:</b>	CM15-0210818		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 64 year old male, who sustained an industrial injury on September 25, 2001. He reported back pain. The injured worker was currently diagnosed as having lumbar displaced intervertebral disc-herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included diagnostic studies, chiropractic treatment, acupuncture without benefit, work conditioning program, stretching, exercise, facet blocks without benefit, epidural injections without any "dramatic" help and medication. Aqua therapy was noted to help "to some extent." Notes stated that he was prescribed Oxycontin sometime in early 2004. On July 21, 2015, notes stated that his Oxycontin and Norco medications were denied. Without them, he was noted to be immobile. With the medication, his pain is a 3 on a 1-10 pain scale and he is able to exercise. On November 4, 2015, the injured worker complained of back pain with radiating leg pain along with burning and tingling in his feet. He reported some balance problems, but no falls. He also noted the slow increase in his weakness. Lumbar flexion was 50 degrees and extension 20 degrees causing low back pain. Straight leg raising bilaterally 10 degrees caused foot pain. Bilateral patella and Achilles flexors were absent with toes down going and there was decreased light touch sensation in the feet. The treatment plan included consultation to discuss spinal cord stimulator trial, eight sessions of functionally oriented physical therapy to improve his range of motion and improve core strength to reduce the risk of falls, Oxycontin and Norco. On October 22, 2015, utilization review denied a request for eight sessions of functionally oriented physical therapy and Oxycontin 40mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 sessions of functionally oriented physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Physical Therapy.

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

**Decision rationale:** The patient presents on 10/12/15 with lower back pain rated 6/10, which radiates into the bilateral lower extremities with associated tingling in the bilateral feet. The patient's date of injury is 09/21/01. The request is for 8 sessions of functionally oriented physical therapy. The RFA is dated 10/12/15. Physical examination dated 10/12/15 reveals pain elicitation upon flexion and extension of the lumbar spine, absent patellar and Achilles reflexes bilaterally with "downgoing" toes noted. The patient is currently prescribed Baclofen, Soma, Oxycontin and Norco. Patient is currently not working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." In regard to the 8 physical therapy sessions for this patient's ongoing lower back pain, the provider has exceeded guideline recommendations. Per progress note dated 05/26/15, the provider indicates that this patient was approved for a series of 8 physical therapy sessions for his lower back complaint, though no PT progress notes were provided for review. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 8 treatments in addition to the 8 already approved exceeds these recommendations and cannot be substantiated. It is not clear why this patient is unable to transition to home-based/self-directed therapy, either. Therefore, the request is not medically necessary.

### **Oxycontin 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioid hyperalgesia.

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

**Decision rationale:** The patient presents on 10/12/15 with lower back pain rated 6/10, which radiates into the bilateral lower extremities with associated tingling in the bilateral feet. The patient's date of injury is 09/21/01. The request is for Oxycontin 40mg #60. The RFA is dated 10/12/15. Physical examination dated 10/12/15 reveals pain elicitation upon flexion and extension of the lumbar spine, absent patellar and Achilles reflexes bilaterally with "downgoing" toes noted. The patient is currently prescribed Baclofen, Soma, Oxycontin and Norco. Patient is

currently not working. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Oxycontin for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note date 10/12/15 has the following regarding this patient's medications: "... functional status has improved markedly by ongoing use of opiates. Without them, he would be at bed rest. With them, he was able to exercise daily, perform all of his activities of daily living at home." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. A patient questionnaire addressing medications and current complaints has the following regarding this patient's current status and pain complaints: "Same, 100%." In this case, the provider does indicate that this patient's urine drug screenings to date have been consistent and that this patient lacks any aberrant behaviors. However, the provider neglects to include any measure of analgesia via a validated scale, and the functional documented functional improvements provided are somewhat vague. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic pain complaints and has been prescribed narcotic medications long term, he does not appear to have undergone any surgical intervention for his lumbar spine and is not presumed to be suffering from nociceptive pain. Without evidence of an existing condition which could cause nociceptive pain (such as cancer), more specific measures of analgesia via a validated scale, and clearer functional improvements, continuation of this medication is not appropriate and the patient should be weaned. Therefore, the request is not medically necessary.