

Case Number:	CM15-0030538		
Date Assigned:	02/24/2015	Date of Injury:	03/23/2000
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female who sustained an industrial injury on March 23, 2000. There was no mechanism of injury documented. The injured worker is status post lumbar fusion, anterior cervical discectomy and fusion, right knee arthroscopy (October 2012) and gastric bypass. Magnetic resonance imaging (MRI) of the lumbar spine on June 7, 2014 noted post-operative changes of L5-S1 with instrumentation with left sided pedicular screw traversing the anterior cortex, mild, multilevel lumbar spine spondylosis. A trigger point injection to the lower back was performed on November 7, 2014. The injured worker underwent right L4-L5 caudal epidural steroid injections (ESI) on July 22, 2014 and December 23, 2014. According to the primary treating physician's progress report on December 31, 2014 the injured worker continues to experience neck pain with radiation to the upper extremities bilaterally and low back pain with radiation to the bilateral lower extremity and frequent spasms of the lower back. The injured worker displays a slow antalgic gait. Current medications consist of Colace, Gabapentin, Neurontin, Vitamin D, Flexeril, Percocet and topical analgesics. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Aqua pool therapy 1-2 times a week for 4 weeks for the lumbar spine; Colace 100mg #90; Vitamin D 2000 IU 100, Qty: 200; Cyclobenzaprine 7.5mg #30; Percocet 7.5/325mg #30; Capsaicin ointment. On January 23, 2015 the Utilization Review denied certification for Aqua pool therapy 1-2 times a week for 4 weeks for the lumbar spine; Colace 100mg #90; Vitamin D 2000 IU 100, Qty: 200; Cyclobenzaprine 7.5mg #30; Percocet 7.5/325mg #30; Capsaicin ointment. Citations used in the

decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua pool therapy 1-2 x 4 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is “recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007)”. In this case, the patient is noted to be obese; however, there is no indication that the patient needs reduction of weight bearing to improve her condition. There is no clear objective documentation that the patient is unable to perform land-based therapy or home exercise program. Therefore, the request for Aqua pool therapy 1-2 x 4 for the lumbar spine is not medically necessary.

Colace 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore, the request for Colace 100mg #90 is not medically necessary.

Vitamin D 2000 IU #100, Qty: 200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Vitamin D.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamin D http://en.wikipedia.org/wiki/Vitamin_D.

Decision rationale: In this case, the patient has been prescribed Vitamin D for insufficient serum 25 (OH) D levels of less than 30 ng/ml. The patient has been using Vitamin D for over 9 months without any evidence of increase in serum 25 (OH) D. Therefore, the request for Vitamin D 2000 IU #100, Qty: 200 is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

Percocet 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: “ (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring

of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". The patient have been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 7.5/325mg, #30 is not medically necessary.

Capsaicin ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Capsaicin topical analgesic is not recommended by MTUS guidelines. Based on the above capsaicin ointment is not medically necessary.