MAXIMUS Federal Services

Case Number:	CM15-0036769		
Date Assigned:	03/05/2015	Date of Injury:	10/01/2003
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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 48 year old female who sustained an industrial injury on 10/1/03. The injured worker reported symptoms in the neck, back and lower extremities. The diagnoses included failed back syndrome with history of laminectomy L4-L5, history of anterior fusion at L4-L5 and discectomy and posterior fusion at L4-S1, lumbar degenerative disease, lumbar spondylosis with facet irritation, left footdrop, and cervical radiculopathy with cervical degenerative disc disease, chronic lumbar strain and cervical strain, headaches, depression and anxiety. Treatments to date include pain medications, aquatic therapy, muscle relaxant, and activity modification. Examination in July 2014 showed normal motor and sensory examination in the lower extremities with symmetric reflexes bilaterally. Medications in August 2014 included oxycontin, norco, and robaxin. On 10/31/14, the physician documented that the injured worker has chronic problems with gait instability due to decreased sensation in the feet, decreased proprioception and muscle spasms, with a recent fall; physical therapy to work on balance and decrease risk of future falls was recommended. A trial of Opana was discussed. In a progress note dated 1/14/15 the treating provider reports the injured worker was seen for follow up of chronic neck pain, back pain, muscle spasms, radiating pain down the right arm, left leg pain radiating down in the left foot with foot drop and weakness and right foot weakness. It was noted that Opana was approved but that the injured worker had not yet trialed the medication. Examination showed weight of 223 pounds, tenderness to palpation in the lumbar paraspinal region with hypertonicity, and weakness in the left foot. It was noted that the injured worker had side effects from opioids including nausea and that Opana was given as a substitution for Noro.

A pool program to help maintain the injured worker's strength was recommended and it was noted that she had significant benefits with aquatic therapy in the past. Work status was not discussed in the documentation submitted. On 1/30/15 Utilization Review non-certified the request for Pool Individual Program x 6 months, Oxycontin 20 milligrams #60, Opana 5 milligrams #60, Robaxin 750 milligrams #120 and a lumbar epidural steroid injection, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Individual Program x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Neck and Low Back Chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy p. 22physical medicine p. 98-99exercise p. 46-47 Page(s): p. 22, 98-99, 46-47.

Decision rationale: The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. It was noted that the injured worker had undergone prior aquatic therapy with benefit, but specific benefits were not described. Work status and activities of daily living were not discussed. The physician documented recommendation for physical therapy to work on balance and decrease risk of future falls and later for a pool program to help maintain strength. The injured worker's weight was documented as 223 pounds; no height or body mass index was documented and there was no documentation of extreme obesity or other need for decreased weight bearing with exercise. Per the MTUS, exercise is recommended, and there is strong evidence that exercise programs including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. These are consistent with the reasons the treating physician provided for the request for therapy and pool program. Typical exercises which might be beneficial for the low back include walking and floor stabilization exercises, for which no specific equipment or a pool is needed. Due to lack of specific indication, and lack of documentation of functional improvement as a result of prior aquatic therapy, the request for Pool Individual Program x 6 months is not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Oxycontin has been prescribed for at least 5 months. Work status and activities of daily living were not discussed. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Significant nausea related to use of oxycontin was noted. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Opana 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

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, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The injured worker has been prescribed oxycontin and norco for at least 5 months. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other

recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The physician documented that oxycontin and norco caused nausea and noted a plan to transition from norco to opana. Opana was noted to have been approved but not trialed as of the 1/14/15 visit. As discussed above, the treating physician has not prescribed opioids according to the criteria outlined in the MTUS. There was no documentation of an opioid contract, urine drug screening program, or risk assessment for aberrant drug-taking behavior. Due to lack of prescribing in accordance with the MTUS, the request for opana not medically necessary.

Robaxin 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 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. Robaxin's mechanism of action is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Side effects include drowsiness, dizziness, and lightheadedness. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Robaxin has been prescribed for at least 5 months. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Due to length of use not in accordance with the guidelines and lack of documentation of functional improvement, the request for robaxin is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p. 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No side or level of injection was specified. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. Normal motor and sensory examination of the lower extremities and symmetic reflexes were documented in July of 2014, and examination in January 2015 showed nonspecific left foot weakness without documentation of sensory exam or reflexes. No MRI or electrodiagnostic testing were discussed. Due to lack of specification of side and level of injection and lack of findings of radiculopathy, the request for epidural steroid injection is not medically necessary.