

Case Number:	CM15-0036864		
Date Assigned:	03/05/2015	Date of Injury:	10/13/2004
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 55 year old male who sustained an industrial related injury on 10/13/04 due to pushing a loaded pallet jack weighting over 2000 pounds off of a ramp. Diagnoses include status post lumbar spine fusion, post-laminectomy syndrome, bilateral shoulder impingement, persistent left leg radiculopathy at L5-S1, depression, anxiety, obesity, insomnia, gastroesophageal reflux disease, status post medial meniscectomy and patellar chondroplasty of the right knee, left knee medial meniscus tear, and internal knee derangement. Treatment included injections, acupuncture, medications, aquatic therapy, physical therapy, bilateral rotator cuff surgeries in 2006, psychotherapy, and secondary bilateral shoulder surgeries due to failure of the previous surgical interventions. Diagnostic testing included MRI of the lumbar spine on 11/4/14 which showed previous spinal fusion and disc bulge at L3-4 and L4-5 with encroachment on the foramina with compromise of the exiting nerve roots bilaterally, and electromyogram of the lower extremities on 11/5/14 which showed chronic active L5-S1 radiculopathy. The injured worker had complaints of bilateral shoulder pain, lower back pain, bilateral knee pain, and lower extremity pain. Numbness down the left leg was also noted. Pain was noted to interfere with activities of daily living. Examination in January 2015 showed decreased range of motion of the spine, bilateral decreased strength and sensation in the L4 through S1 dermatomes. Medications in May 2014 included Gabapentin, Norco, Prilosec, Xanax, and topical cream. Medications from October 2014 through January 2015 included Prilosec, Naprosyn, norco, gabapentin, Xanax, and topical cream. Urine drug screens on 6/25/14 and 7/7/14 were negative for alprazolam, a prescribed medication. Work status was noted in May

2014 as permanently totally disabled, a progress note from July 2014 notes that the injured worker was put on permanent disability in 2007, and progress note of 1/19/15 notes the work status remains permanent and stationary. In January of 2015, the treating orthopedist advised additional physical therapy for the flare up of back pain with ultrasound, massage, and stretching, as well as referral to pain management for probable epidural injections and spinal cord stimulator. On 2/20/15, Utilization Review (UR) noncertified requests for gabapentin 300 mg #60, norco 10/325 #60, 1 urine toxicology, and 1 referral to pain management specialist, and modified a request for physical therapy 12 sessions to 6 sessions, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions: Upheld

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

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

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. Reliance on passive care is not recommended. The physical medication recommendations noted by the treating physician were for passive modalities (ultrasound, massage, and stretching), and does not adequately focus on functional improvement. No functional goals were discussed. The injured worker was noted to be permanently totally disabled. Permanent total disability is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. Per the MTUS chronic pain section, functional improvement is the goal rather than the elimination of pain. It was noted that the injured worker had prior physical therapy. No reports of the prior physical therapy were provided, and the dates and number of sessions were not discussed. There was no documentation of functional improvement as a result of the prior physical therapy. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors in the medical records indicating additional physical therapy is needed. Physical medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. Due to lack of functional goals, lack of functional improvement as a result of prior physical therapy, and number of sessions requested in excess of the guidelines, the request for Twelve physical therapy sessions is not medically necessary.

Gabapentin 300 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). Gabapentin has been prescribed for at least 9 months without documentation of functional improvement. Work status is permanently totally disabled, there was no discussion of improvement in activities of daily living or decrease in medication use, and office visits have continued at the same frequency. Due to lack of indication and lack of demonstration of functional improvement, the request for gabapentin is not medically necessary.

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 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. Norco has been prescribed for at least 9 months. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status has been permanent disability since 2007. 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, discussion of adverse side effects, 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. Some urine drug screens were performed but the treating physician did not address the inconsistent results. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

One urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, 89, 94 Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. There was no documentation of risk stratification to determine frequency of testing for this injured worker. Testing in June and July of 2014 was not consistent with prescribed medication; this finding was not addressed by the treating provider. The associated oral opioid Norco has been found to be not medically necessary. The urine drug screens are performed frequently, with no specific rationale for frequent testing. The treating physician has not provided an adequate response to the prior failed drug tests. Prescribing after the failed tests did not change and there was no change in the treatment plan in response to the failed tests. Drug tests which are performed without a meaningful response from the treating physician are not indicated. Although there is a valid indication for drug testing for some patients, in this case the testing to date has not been performed or interpreted in a manner consistent with guidelines. Any additional testing is therefore not medically necessary. For these reasons, the request for one urine toxicology is not medically necessary.

One referral to [REDACTED], pain management specialist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker was noted to have persistent lower extremity radiculopathy. The treating orthopedist has recommended pain management consultation for consideration of epidural injections and spinal cord stimulator. Per the MTUS, in some cases epidural steroid injections may be considered for the treatment of radicular pain. Such injections may be performed by a pain management specialist. The orthopedist is also requesting input from the pain management physician regarding spinal cord stimulator. The injured worker has evidence of persistent radiculopathy after lumbar spine surgery, with continued symptoms in spite of prior conservative treatment. As such, the request for referral to the pain management specialist is medically necessary.