

Case Number:	CM15-0049908		
Date Assigned:	03/23/2015	Date of Injury:	05/05/2014
Decision Date:	05/08/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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 York
 Certification(s)/Specialty: Emergency 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 26 year old female who has reported low back pain after falling on 5/5/14. The injured worker was diagnosed with thoracic and lumbar strain. Treatments to date have included physical therapy, ice and pain medications. 3 visits of physical therapy were completed per a physical therapy report of 10/7/14. Work status per the primary treating physician during 2014 was temporarily totally disabled. The primary treating physician had prescribed tramadol and cyclobenzaprine. The current treating physician first evaluated this injured worker on 11/11/14. There was back pain without findings of any significant pathology. No medications were ongoing. Norco, Neurontin, Terocin, chiropractic-physical therapy, and spine x-rays were prescribed. Tramadol and Flexeril were stopped due to lack of benefit. As of the PR2 dated 1/8/15, there was 10/10 constant, severe pain in the thoracic and lumbar spine. There was no mention of the results of any specific treatment. No specific abnormalities were described on the brief physical examination. The treatment plan included Norco, Neurontin, Terocin, physical therapy, thoracic x-ray, lumbar x-ray and urine toxicology. There was no work status. A urine drug screen of 12/29/14 was positive for hydrocodone. A urine drug screen on 2/5/15 was negative for tramadol and positive for hydrocodone. On 3/4/15 Utilization Review non-certified Tramadol, Flexeril, Norco, physical therapy, thoracic x-ray, lumbar x-ray and urine toxicology. The MTUS and the Official Disability Guidelines were cited. Note was made of the lack of specific indications per the guidelines and the lack of specific quantities and doses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

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 eti. Medication trials. Tramadol (Ultram) Page(s): 77- 81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is no insufficient 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. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence of significant pain relief or increased function from the opioids used to date. The available work status reports list temporarily totally disabled and pain is 10/10. The temporarily totally disabled status fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The treating physician has stated that tramadol had no benefit. It should not be continued on this basis alone. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. 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.

Flexeril (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

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. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The treating physician has stated that cyclobenzaprine had not benefit. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the

MTUS, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. 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.

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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 eti. Medication trials Page(s): 77-81, 94, 80, 81,60.

Decision rationale: There is no insufficient 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. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence of significant pain relief or increased function from the opioids used to date. The available work status reports list temporarily totally disabled and pain is 10/10. The temporarily totally disabled status fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The prescribing physician describes this patient as temporarily totally disabled, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. 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.

RPT (Rehabilitative) Physical Therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9, 98-99.

Decision rationale: Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10 with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy.

There is no evidence of benefit from the prior visits in physical therapy and the treating physician did not address this. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (10 visits). No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

Xray T/S (Thoracic Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back and Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 290. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays).

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No red flag conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing x-ray studies. Radiographs of the spine are not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for imaging. Radiographs of the spine are not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

Xray L/S (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back and Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays).

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No red flag conditions are identified. The treating physician has not provided an adequate clinical evaluation, as outlined in the MTUS ACOEM Guidelines Pages 291-296. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing x-ray studies. Radiographs of the spine are not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for imaging. Radiographs of the spine are not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction. urine drug screen to assess for the use or the presence of illegal drugs. Opioid contracts: (9) Urine drug screens may be required. Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94,43, 77,78,89,94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. The prior results, which were consistent with the prescriptions, were not discussed and the necessity for another test shortly after the prior test was not explained. The last test performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS and no other reasons were given. Opioids should not be continued as per the discussion above. The MTUS recommends random drug testing, not at office visits. The guidelines cited above make a number of detailed recommendations for testing, including the frequency and content of testing, and directions for interpreting drug test results. The Official Disability Guidelines recommend Standard testing for patients considered at low risk- random testing at no more than twice a year. Another test so soon would not be indicated for this patient. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. These issues are present and have not been addressed. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, prior unnecessary testing, and lack of a current opioid therapy program, which is in accordance with the MTUS.

