

Case Number:	CM15-0057953		
Date Assigned:	04/17/2015	Date of Injury:	11/18/2003
Decision Date:	07/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/26/2015

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 50 year old male who has reported low back and lower extremity pain after falling on November 18, 2003. The diagnoses have included discogenic disease and lumbar anterolisthesis. Treatment to date has included medications, epidural steroid injections, a back brace, a hot and cold wrap, and transcutaneous electrical nerve stimulation (TENS). Reports from the primary treating physician during 2014-2015 reflect ongoing pain and very limited function. The injured worker had not returned to work since the injury. The blood pressure was elevated. The medications referred for this Independent Medical Review were prescribed chronically. None of the reports describe significant and specific benefit for any of the medications and there was no evidence of significant functional improvement. Per the report of March 12, 2015 there was unchanged back and lower extremity pain. The treatment plan included cyclobenzaprine, pantoprazole, gabapentin, fenoprofen, Norco, a conductive garment, interferential or muscle stimulator purchase (the report refers to TENS but the request is not for TENS), and chiropractic treatments. On 3/25/15 Utilization Review certified gabapentin, pantoprazole, fenoprofen, Norco, a consult, and lab tests. Chiropractic was partially certified. Cyclobenzaprine, gabapentin, pantoprazole, fenoprofen, and Norco (for the next visit), and the stimulator and garment were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 with 1 refill (4/2015 visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 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. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. 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.

12 Chiro sessions for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. 12 visits exceed the recommended initial course per the MTUS. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. There are no functional goals present and the chiropractic therapy was not prescribed in the context of functional improvement. No manual and manipulative therapy is medically necessary based on the lack of emphasis on functional restoration and a prescription which exceeds that recommended in the MTUS. The request is not medically necessary.

Interferential or muscle stimulator purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation Page(s): 119, 121. Decision based on Non-MTUS Citation

ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, IF stimulation and ACOEM Guidelines update, 4/7/08, Low Back, page 166, IF stimulation.

Decision rationale: The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. The interferential unit is not medically necessary based on lack of medical evidence, guidelines, and a treatment plan not in accordance with guidelines. Neuromuscular stimulation, per the MTUS, is not recommended for chronic pain. The requested units are therefore not medically necessary based on the cited guidelines.

Conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation Page(s): 119, 121. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, IF stimulation, and ACOEM Guidelines update, 4/7/08, Low Back, page 166, IF stimulation.

Decision rationale: Given that the conductive garment is intended for use with the electrical units discussed above, the garment is not medically necessary since the units are not medically necessary.

Gabapentin 600mg for 4/2015 visit #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials, Definitions, "Functional improvement" Page(s): 16-22, 60, 1.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a "good" response per the MTUS. The reports consistently document poor function and high pain levels. The injured worker has not worked in years, indicating poor function. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

Pantoprazole 20mg for 4/2015 visit #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. This injured worker has been prescribed fenoprofen, a nonsteroidal anti-inflammatory medication (NSAID), and pantoprazole, a proton pump inhibitor (PPI). Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. If one were to presume that a medication were to be the cause of any gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. Proton pump inhibitors (PPIs) are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Fenoprofen Calcium 400mg for 4/2015 visit #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70-73.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Function remains very poor and the injured worker has not worked in years. No reports address the specific results of using this NSAID. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician has not addressed the elevated blood pressure in relation to ongoing use of an NSAID. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing NSAIDs chronically, which is counter to the

recommendations of the MTUS for treatment of back pain. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Norco 10/325mg for 4/2015 visit #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: There is 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. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. 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 injured worker has not worked in years, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. 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. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.