MAXIMUS Federal Services

Case Number:	CM15-0067762		
Date Assigned:	04/15/2015	Date of Injury:	07/23/2014
Decision Date:	07/09/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on 7/23/2014. He reported striking his left ribs against a scaffold and then falling backward and striking his low back. Diagnoses have included lumbar sprain/strain, thoracic sprain/strain and cervical sprain/strain. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 3/19/2015, the injured worker complained of constant 7/10 pain across the low back. He complained of soreness and tenderness on the front of both anterior thighs and over the hip flexors. He complained of intermittent pain in the left lateral chest. Physical exam revealed tenderness over the sacrum, both sacroiliac joints and bilateral buttocks. There was spasm and tenderness across the low back. Authorization was requested for two pair of transcutaneous electrical nerve stimulation (TENS) patches, Omeprazole, Norco, Cyclobenzaprine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

Decision rationale: The patient presents on 03/19/15 with lower back pain rated 7/10 and associated tenderness in the anterior bilateral thighs, and intermittent chest pain which is worse in the AM. The patient's date of injury is 07/23/14. Patient has no documented surgical history directed at these complaints. The request is for TENS PATCH X 2 PAIRS FOR THE LUMBAR SPINE. The RFA is dated 03/19/15. Physical examination dated 03/19/15 reveals tenderness to palpation of the lower back with spasms noted. Tenderness to palpation is also noted in the sacrum, bilateral buttocks, and bilateral SI joints, left 7th costochondral joint, and 10th rib on the left. The patient is currently prescribed Cyclobenzaprine, Omeprazole, Tramadol, and Naproxen. Diagnostic imaging included lumbar MRI dated 01/19/15, significant findings include: "mild to moderate broad-based disc protrusion eccentric to left at L5-S1, lower thoracic disc degeneration." Diagnostic computed radiography of the pelvis, dated 01/19/15 was also included, significant findings include: "Moderate to severe osteoarthritis involving left hip with associated loss of contour involving left femoral head with may either be post-traumatic or sequela of avasuclar necrosis. Superolateral subluxation of the femoral head relative to the acetabulum." Per 03/19/15 progress note, patient is advised to remain off work until 05/04/15. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one- month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." In regard to the request for this patient to receive additional electrodes for her home-use TENS unit, the request is reasonable. Progress notes provided document that this patient uses a TENS unit at home with good results, with mention of unit efficacy/use going back as far as 10/23/14. Owing to established long term use and efficacy of this device at home, the issuance of an additional pair of TENS electrodes is appropriate. The request IS medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Proton pump inhibitors (PPIs).

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

Decision rationale: The patient presents on 03/19/15 with lower back pain rated 7/10 and associated tenderness in the anterior bilateral thighs, and intermittent chest pain which is worse in the AM. The patient's date of injury is 07/23/14. Patient has no documented surgical history directed at these complaints. The request is for OMEPRAZOLE 20MG #60. The RFA is dated 03/19/15. Physical examination dated 03/19/15 reveals tenderness to palpation of the lower back with spasms noted. Tenderness to palpation is also noted in the sacrum, bilateral buttocks, and bilateral SI joints, left 7th costochondral joint, and 10th rib on the left. The patient is currently prescribed Cyclobenzaprine, Omeprazole, Tramadol, and Naproxen. Diagnostic imaging

included lumbar MRI dated 01/19/15, significant findings include: "mild to moderate broad-based disc protrusion eccentric to left at L5-S1, lower thoracic disc degeneration." Diagnostic computed radiography of the pelvis, dated 01/19/15 was also included, significant findings include: "Moderate to severe osteoarthritis involving left hip with associated loss of contour involving left femoral head with may either be post-traumatic or sequela of avasuclar necrosis. Superolateral subluxation of the femoral head relative to the acetabulum." Per 03/19/15 progress note, patient is advised to remain off work until 05/04/15. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the continuation of Omeprazole, the request is appropriate. Progress note dated 12/19/14 states that this patient experienced GI upset and epigastric pain from medication utilization and was prescribed Omeprazole as a result. The current medication regimen includes a high dose NSAID, Naproxen, and the provider specifically indicates that PPI utilization allows this patient to continue taking NSAIDs without further GI complications. Given this patient's history of GI upset secondary to NSAID utilization, his current high-dose NSAID, and documented prior efficacy, continuation of Omeprazole is substantiated. The request IS medically necessary.

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/19/15 with lower back pain rated 7/10 and associated tenderness in the anterior bilateral thighs, and intermittent chest pain which is worse in the AM. The patient's date of injury is 07/23/14. Patient has no documented surgical history directed at these complaints. The request is for NORCO 10/325MG #60. The RFA is dated 03/19/15. Physical examination dated 03/19/15 reveals tenderness to palpation of the lower back with spasms noted. Tenderness to palpation is also noted in the sacrum, bilateral buttocks, and bilateral SI joints, left 7th costochondral joint, and 10th rib on the left. The patient is currently prescribed Cyclobenzaprine, Omeprazole, Tramadol, and Naproxen. Diagnostic imaging included lumbar MRI dated 01/19/15, significant findings include: "mild to moderate broad-based disc protrusion eccentric to left at L5-S1, lower thoracic disc degeneration." Diagnostic computed radiography of the pelvis, dated 01/19/15 was also included, significant findings include: "Moderate to severe osteoarthritis involving left hip with associated loss of contour involving left femoral head with may either be post-traumatic or sequela of avasuclar necrosis. Superolateral subluxation of the femoral head relative to the acetabulum." Per 03/19/15 progress note, patient is advised to remain off work until 05/04/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or

validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco for the management of this patient's chronic pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking Norco since at least 10/23/14. Progress note dated 03/19/15, which specifies a refill, does not include any documentation of analgesia or provide functional benefits attributed to narcotic medications. In addition, there is no discussion of aberrant behavior or consistent urine drug screening to date - nor any consistent toxicology reports. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided, therefore the continuation of this medication cannot be substantiated. Owing to a lack of 4As documentation as required by MTUS, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #60: 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): 63-66.

Decision rationale: The patient presents on 03/19/15 with lower back pain rated 7/10 and associated tenderness in the anterior bilateral thighs, and intermittent chest pain which is worse in the AM. The patient's date of injury is 07/23/14. Patient has no documented surgical history directed at these complaints. The request is for CYCLOBENZAPRINE 7.5MG #60. The RFA is dated 03/19/15. Physical examination dated 03/19/15 reveals tenderness to palpation of the lower back with spasms noted. Tenderness to palpation is also noted in the sacrum, bilateral buttocks, and bilateral SI joints, left 7th costochondral joint, and 10th rib on the left. The patient is currently prescribed Cyclobenzaprine, Omeprazole, Tramadol, and Naproxen. Diagnostic imaging included lumbar MRI dated 01/19/15, significant findings include: "mild to moderate broad-based disc protrusion eccentric to left at L5-S1, lower thoracic disc degeneration." Diagnostic computed radiography of the pelvis, dated 01/19/15 was also included, significant findings include: "Moderate to severe osteoarthritis involving left hip with associated loss of contour involving left femoral head with may either be post-traumatic or sequela of avasuclar necrosis. Superolateral subluxation of the femoral head relative to the acetabulum." Per 03/19/15 progress note, patient is advised to remain off work until 05/04/15. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since at least 10/23/14,

though efficacy is note addressed in the subsequent reports. Muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets in addition to use since 10/23/14 does not imply intent to use this medication short-term. Therefore, the request IS NOT medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Opioids - Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/19/15 with lower back pain rated 7/10 and associated tenderness in the anterior bilateral thighs, and intermittent chest pain which is worse in the AM. The patient's date of injury is 07/23/14. Patient has no documented surgical history directed at these complaints. The request is for TRAMADOL 50MG #60. The RFA is dated 03/19/15. Physical examination dated 03/19/15 reveals tenderness to palpation of the lower back with spasms noted. Tenderness to palpation is also noted in the sacrum, bilateral buttocks, and bilateral SI joints, left 7th costochondral joint, and 10th rib on the left. The patient is currently prescribed Cyclobenzaprine, Omeprazole, Tramadol, and Naproxen. Diagnostic imaging included lumbar MRI dated 01/19/15, significant findings include: "mild to moderate broad-based disc protrusion eccentric to left at L5-S1, lower thoracic disc degeneration." Diagnostic computed radiography of the pelvis, dated 01/19/15 was also included, significant findings include: "Moderate to severe osteoarthritis involving left hip with associated loss of contour involving left femoral head with may either be post-traumatic or sequela of avasuclar necrosis. Superolateral subluxation of the femoral head relative to the acetabulum." Per 03/19/15 progress note, patient is advised to remain off work until 05/04/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Tramadol for the maintenance of this patient's chronic pain, the provider has not provided adequate documentation of medication efficacy to continue treatment. This patient has been prescribed Tramadol since at least 10/23/14. In regard to efficacy, most recent progress note dated 03/19/15 does not provide documentation of analgesia using a validated scale, and no activity-specific functional improvements attributed to medication are provided. There is no mention of medication consistency or toxicology reports provided for review. In addition, there is no specific discussion of a lack of aberrant behavior. Owing to a lack of complete 4As documentation as required by MTUS, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.