MAXIMUS Federal Services

Case Number:	CM15-0087494		
Date Assigned:	05/11/2015	Date of Injury:	06/19/2012
Decision Date:	06/26/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: Preventive Medicine, Occupational 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 35-year-old male, with a reported date of injury of 06/19/2012. The diagnoses include low back pain, lumbar disc displacement, lumbar radiculopathy, lumbar sprain/strain, lumbar post laminectomy syndrome, lumbar spine disc injury, and status post back surgery. Treatments to date have included oral medications; back surgery in 01/2014; epidural steroid injections; physical therapy, which provided temporary benefit and help; and an MRI of the lumbar spine times two. The MRI dated 10/28/2014 showed paracentral disc protrusion, mild central stenosis, mild and moderate facet hypertrophy, left L4-5 paracentral disc protrusion, right paracentral annular tear with mild annular bulge, and left hemi-laminotomy changes. The initial pain management evaluation dated 04/06/2015 indicates that the injured worker had constant low back pain with radiation of pain to the hips. He had motor weakness in the lower extremity. The current pain was rated 6-7 out of 10. The physical examination showed positive straight leg raise test, decreased lumbar range of motion, and a positive surgical scar on the back. There was no documentation of improved functioning and pain. The treating physician requested a functional restoration program for six weeks, Lyrica three times a day, Valium as needed, and Norco five times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs Page(s): 30-33.

Decision rationale: MTUS Guidelines support the use of functional restoration programs under very specific criteria. These criteria include the issues that further aggressive treatment (surgery) is not planned, baseline evaluations of function and suitability for such a program is completed, and the program has to have proven success with workers compensation patients. None of these listed criteria has been met. The primary treating physician continues to mention that future surgery is being discussed, no based line evaluations have been completed and information supporting the success of the program is not provided. Under these circumstances, the Functional Restoration Program (6 weeks) is not supported by Guidelines and is not medically necessary.

Lyrica (3x a day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19, 20.

Decision rationale: MTUS Guidelines support the use of Lyrica when there is a significant component of neuropathic pain, which this patient has. It is documented that the Lyrica helps with the nerve pain better than a prior trial of Gabapentin. Detailed documentation of the amount of pain relief experienced and function improvement is lacking, but the Guidelines do not have the same recommendations for the necessary level of documentation that they do for opioids. The reported improvement in nerve pain, in particular when compared to prior medication trials is adequate to support its continued use. Under these circumstances, the Lyrica (3 per day) is supported by Guidelines and is medically necessary.

Valium (as needed): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation Pain Chapter (Chronic) Diazepam (Valium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 14.

Decision rationale: MTUS Guidelines are not supportive of the long-term use of benzo-diazepines. However, it is stated that this individual utilizes only 1-2 tabs per week on a

long-term basis and it is effective in breaking the spasms. There is no information provided for review that contradicts the documentation of the very infrequent use of Valium. If this pattern of use is maintained, this is a reasonable exception to the Guidelines as the Valium is utilized very infrequently and the concerns of addiction and tolerance would not apply. Under these circumstances, the Valium (as needed) is medically necessary. If this pattern of reported use is inaccurate or accelerates, this should be re-reviewed.

Norco (5x/day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminphen (Norco); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional improvement measures Page(s): 78-80/48.

Decision rationale: MTUS Guidelines have very specific standards to support the responsible prescribing and use of opioid medications. These standards include the detailed documentation of pain relief and functional improvements because of its use. There is documentation of pain relief, however this is not quantified and there is no documentation of functional support or improvements because of use. There are no unusual circumstances to justify an exception to Guidelines. The Norco (5 X day) is not supported by Guidelines and is not medically necessary.