

<b>Case Number:</b>	CM14-0115356		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35-year-old female with a date of injury of 10/25/2011. On 8/28/14 she complained of chronic low back and left lower extremity pain rated at 7/10 and described as an aching and lancinating sensation. It was exacerbated by increased activity and lifting of objects. The pain disturbs her sleep. Ongoing use of analgesic medications, various types of injection therapy, and rest provided partial relief. She reported suffering episodes of acute-on-chronic pain. Exam from this visit did not document any abnormal neurological or musculoskeletal objective findings. She indicated her pain was lessened by her current treatment regimen which allowed her to be able to perform activities of daily living. She is on Lidocaine 5% ointment, Protonix, MS Contin, Lyrica which was prescribed to take for umbilical hernia surgery on 6/16/14, Ibuprofen, Percocet and Paxil. On 1/16/14, she underwent a left L5-S1 laminotomy and left L5-S1 discectomy with foraminotomy to decompress the L5-S1 nerve roots. She has completed 6 physical therapy sessions between 3/27/14 and 5/13/14 and participated in pool therapy with 70% relief; however, exercises after pool were causing flare-ups. It does not appear that the patient has yet completed a full initial course of post-operative physical therapy as advised and her participation in physical therapy appears to have flared her low back pain at times while it has also been demonstrated that she has been able to increase her home exercise program. Diagnoses: Lumbar disc displacement without myelopathy and myalgia and myositis, not otherwise specified. The request for 12 physical therapy visits was modified to 6 physical therapy, Lyrica 100mg #1 was denied, Percocet 10/325mg #180, 3 refills was modified to Percocet 10/325mg #180, 1 refill and MS Contin 30mg #90, 3 refills was modified to MS Contin 30mg #90, 1 refill on 6/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits: 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 physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, and also 16 visits over 8 weeks for post-surgical treatment of laminectomy and discectomy. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the records indicate that the injured worker has received 6 physical therapy visits as well as unknown number of pool therapy; however, it is documented that the injured worker has experienced flare ups afterwards and was not able to complete the physical therapy course. Nonetheless, the request for additional 12 physical therapy visits was previously modified to 6 physical therapy visits; no information is available in this regard. Additionally, the request for additional 12 physiotherapy visits would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

**Lyrica 100mg #1: 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 Lyrica Page(s): 19.

**Decision rationale:** As per CA MTUS guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. Other indications are considered off-label use such as in radiculopathy. There is no documentation of trial of first line therapy in this case. There is no evidence that the patient has been diagnosed with any of the above conditions. Thus, the request is not medically necessary.

**Percocet 10/325mg #180, 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 91.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) is a short- acting opioid that is recommended for breakthrough pain management under certain criteria. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Percocet has not been established based on guidelines and lack of documentation.

**MS Contin 30mg #90, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids,  
Page(s): 91.

**Decision rationale:** As per CA MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, there is no documentation of any significant reduction in pain level (i.e. VAS) or objective functional improvement with the use of this medication. There is no evidence of urine drug test in order to monitor compliance. Thus, the medical necessity of the request for MS Contin is not established per guidelines.