

Case Number:	CM14-0116672		
Date Assigned:	09/23/2014	Date of Injury:	10/10/2007
Decision Date:	10/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational and Environmental Medicine and is licensed to practice in Colorado. 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:

On October 10, 2007 the worker slipped on a wet floor and landed heavily on her right side in a small confined space, leading to low back pain and right lower extremity pain. The worker has been treated various medications, physical therapy, and repeated epidural steroid injections and surgery to the right knee. An MRI scan documented a meniscus tear of the right knee and subsequently the worker underwent arthroscopic surgeries. The worker has experienced back pain, lower extremity pain, nighttime muscle cramping, lower extremity tingling and numbness and weakness. Examination findings have included flattening of the lumbar lordosis, diffuse tenderness of the facets of the lumbar spine, tender left SI joint, restricted and painful spine extension, tenderness medial aspect left knee and patella, antalgic gait, and mild anxiety. Current medications are listed as omeprazole, ibuprofen, morphine sulfate, lisinopril, Lyrica, baclofen. The worker has had several bilateral L4-5 and L5-S1 transforaminal epidural steroid injections at various intervals with pain relief rated at 50%-60%. Flexion and extension x-rays of the lumbar spine showed grade 2 anterolisthesis at L5-S1 and a pars fracture at L5. A lumbar spine MRI showed grade 1 anterolisthesis L5 on with severe loss of disk space at L5-S1, as well as bilateral pars defect at L5. There is documentation of low back cramping and radiation into her neck at times and was aggravated by prolonged walking. This baclofen does help. Worst pain score 9/10, least pain score 6/10, usual pain score 5.5/10. Sleep pattern is worse. The pain is the same. Functionality is better. Medication usage is the same. Unchanged examination findings are documented. Assessments include disk displacement with radiculitis-lumbar, acquired spondylolisthesis, meralgia paresthetica, lumbosacral spondylosis without myelopathy, morbid obesity, weakness in the legs in the evening, poor sleep because the legs bother her, pain is the same, sleep pattern is worse, functionality is the same. Medication usage is the same. There is commentary that omeprazole is for prophylaxis of GERD/gastritis secondary to use of pain

medications and incident. There is a report of numbness running down the lateral aspect of the right leg, worker has finished therapy, complains of deep aching pain in the right knee, being more active biking, and doing physical therapy exercises, worsening pain while driving prolonged period of time. On last follow-up on 08/25/2014 the worker reported that the symptoms were stable since the last office visit. Current medication use is stable and adequate providing good pain relief. Medication is increasing her functionality and quality of life. The worker denies constipation bowel or bladder dysfunction. She has numbness running down the lateral aspect of the right leg. She has finished physical therapy and is doing therapeutic exercises daily. She is more active cycling daily walking one half to 2 miles per day depending on pain. Her pain is exacerbated for driving prolonged periods of time. Treatment plan includes refill morphine. On September 27, 2014 there is a request for IMR. The UR denial date is listed as 7/7/2014. There is a Utilization Review dated 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 one (1) refill: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The MTUS states that omeprazole is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use and that long-term omeprazole use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole is used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease. In this case, there are no symptoms of symptomatic gastroesophageal reflux disease or gastritis. In terms of prevention, the worker's risk profile appears to be low. Therefore, the request for omeprazole is not medically necessary or appropriate.

Ibuprofen 400mg #60, two (2) refills: 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; Anti-inflammatory medications; Pain interventions and treatments P.

Decision rationale: The MTUS chronic medical treatment guidelines state that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The MTUS chronic medical treatment guidelines also state that

NSAID's (i.e. ibuprofen) may be indicated as an option for short-term symptomatic relief for chronic back pain and, that long-term use of NSAID's may not be warranted because studies have not shown that NSAIDs are more effective than acetaminophen while demonstrating increased side effect profile. Although NSAIDs are a recommended second line treatment for chronic low back pain, NSAIDs have been shown to have more adverse side effects than either placebo or acetaminophen. The MTUS states that analgesic medications should show effects within 1 to 3 days. The MTUS guidelines supports treatment with NSAID medications for the management of chronic pain however in this case, there is insufficient documentation of improvements of the worker's pain and/or function attributable to ibuprofen utilization. Therefore, the request for ibuprofen is not considered medically necessary or appropriate.

Lyrica 100mg #90, one (1) refill: 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 Antiepilepsy drugs (AEDs) Page(s): 17, 18, 19.

Decision rationale: According to the MTUS, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and has FDA approval for both indications. It is considered first-line treatment for both of these conditions. Pregabalin is also approved to treat fibromyalgia. Anti-epilepsy drugs (AED's), such as Lyrica, are recommended for neuropathic pain. The MTUS summarizes that although there are few random controlled trials (RCTs) directed at painful radiculopathy, the choice of specific AED agents, such as Lyrica, will depend on the balance between effectiveness and adverse reactions. Also, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The MTUS provides the following regarding the effectiveness of an AED : A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Also, after initiation of treatment with an AED there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, there is insufficient documentation of a specific improvement in pain and/or function attributable to the use of Lyrica. Therefore, the request for Lyrica is not considered medically necessary or appropriate.

Baclofen 10mg #30: 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 ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 63-64.

Decision rationale: According to the MTUS, anti-spasticity drugs such as Baclofen are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In contrast to anti-spasticity medications, according to the MTUS, antispasmodic medications such as Flexeril, are used to decrease muscle spasm in conditions such as LBP. These medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, the worker's back spasms are not documented to be secondary to a cerebral palsy, MS, spinal cord injury or paroxysmal neuropathic pain. The indication for baclofen appears to be for back and lower extremity muscle spasms. Therefore, the request for baclofen is not medically necessary or appropriate.

(Additional) Physical Therapy times six (6): 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, 99.

Decision rationale: The MTUS guideline citation listed above provides indications for physical medicine (i.e. physical therapy) for neuralgia, neuritis, and radiculitis, as well as myalgia and myositis. The records document no specific improvement in function or pain status as a function of physical therapy and as of the last office visit in August of 2014 the worker had completed physical therapy and had transitioned to home exercise program. The MTUS criteria for radiculitis states that 8-10 visits over 4 weeks are indicated. In addition, the MTUS criteria for myalgia and myositis is 9-10 visits over 8 weeks. The quantity of the worker's physical therapy treatment has exceeded the MTUS criteria regarding quantity and frequency of physical therapy treatment. According to the MTUS guideline, a fading of treatment frequency (from up to 3 visits per week to 1 or less) with a shift toward active self-directed home Physical Medicine, is recommended. In this case, the worker has already satisfied these treatment criteria therefore, the request for additional physical therapy treatment is not considered medically necessary or appropriate.

Repeat right L4-L5 Transforaminal Epidural Steroid injection under fluoroscopic guidance: 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 Epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: The MTUS summarizes that The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Also provided by the MTUS is that in the therapeutic phase, repeat (epidural) blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, there is insufficient documentation of which specific functional improvements have occurred following the preceding epidural injections and specifically, following the epidural steroid injection on 12/2/2013, there is documentation that 9 days following the epidural injection, on 12/11/2013, the worker reported with an acute exacerbation of chronic back pain and required intramuscular injection of Toradol for pain control. In addition, on 12/23/2013, which is 21 days following the epidural steroid injection on 12/2/2013, the worker reported increased and worsening low back pain in addition to worsened functionality. The documentation does not support improved pain or functionality for a minimum of 6 weeks following the most recent lumbar epidural steroid injection and therefore, repeat lumbar epidural steroid injection is not considered medically necessary or appropriate.