MAXIMUS Federal Services

Case Number:	CM14-0144435		
Date Assigned:	09/12/2014	Date of Injury:	06/22/2001
Decision Date:	10/17/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/05/2014

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, has a subspecialty in Interventional Spine 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 53 year old female with an injury date of 06/22/01. The 08/04/14 progress report by [redacted] states that the patient presents with lower back pain extending down the posterior and lateral aspect of the left and right lower extremities to the feet. Left lower extremity pain is greater than the right. The patient further presents with pain in both thighs, bilateral hand pain and neck pain radiating down the left lower extremity to the elbow. Pain is rated 10/10. It is not stated if the patient is working. The patient also states sleep is limited to 3 hours a night per day and she has headaches beginning in the left neck/occipital region and then migrates to the left temporal and eventually settles over the left orbit. The patient also presents with restless leg syndrome. Examination reveals marked tenderness upon palpation in the midline of the lower lumbar spine and in the midline of the cervical spine. Straight-leg raising test is positive. The patient's diagnoses include:1. Degenerative disk disease, lumbar2. Degenerative disk disease, cervicalCurrent medications are listed as Oxycontin, Oxycodone, and Zanaflex, The utilization review being challenged is dated 08/09/14. Treatment reports were provided from 03/07/14 to 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological clearance for spinal cord stimulator: 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 Spinal Cord Stimulation Page(s): 105-107.

Decision rationale: The patient presents with lower back pain extending to both lower extremities and to the feet with pain in both thighs, bilateral hand pain, neck pain, headaches and lack of sleep. The treater requests for Psychological clearance for a spinal cord stimulator in preparation for a trial. MTUS Guidelines pages 105 to 107 state that spinal cord stimulation is "Recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions and following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post amputation pain, post herpetic neuralgia, spinal cord injury dysesthesia, pain associated with multiple sclerosis and peripheral vascular disease." In this case, the patient does not present with any specific diagnoses that would qualify for a spinal cord stimulation. The patient does not present with failed back syndrome, and there is no diagnosis of CRPS. Therefore the request is not medically necessary.

Amrix 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain).

Decision rationale: The patient presents with lower back pain extending to both lower extremities and to the feet with pain in both thighs, bilateral hand pain, neck pain, headaches and lack of sleep. The treater requests for Amrix (Cyclobenzaprine Hydrochloride) 15 mg # 30. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided show the patient has been taking this medications since at least 03/07/14. In this case the use of the medication is outside the 2-3 weeks recommended by MTUS. Therefore, the request is not medically necessary.

Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: The patient presents with lower back pain extending to both lower extremities and to the feet with pain in both thighs, bilateral hand pain, neck pain, headaches and lack of sleep. The treater requests for Oxycodone 15 mg #120. Reports provided show this as a current medication since at least 03/07/14. MTUS Guidelines pages 88 and 89 states, "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 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. Pain scales show that pain has increased from 9/10 to 10/10 since 06/09/14. Treaters repeatedly state in the reports provided that there are no adverse side effects or signs of impairment; however, no urine toxicology reports were provided. In this case, opiate management issues are not fully addressed. The treater repeatedly states the patient continues to go to the gym; however, no other specific ADL's were mentioned to show a significant change with the use of this medication. The request is not medically necessary.

Zanaflex 4mg: 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 Medications for chronic pain Page(s): 60.

Decision rationale: The patient presents with lower back pain extending to both lower extremities and to the feet with pain in both thighs, bilateral hand pain, neck pain, headaches and lack of sleep. The treater requests for Zanaflex 4 mg which is noted to be for spasm. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. Reports provided show Zanaflex as a listed medications since 03/07/14. The treater notes it is to be continued in treatment plans, but there is no discussion or documentation that the medication has been of benefit to the patient. Without documentation of efficacy, on-going use would not be indicated. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.

TENS unit pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The patient presents with lower back pain extending to both lower extremities to the feet with pain in both thighs bilateral hand pain, neck pain, headaches and lack of sleep. The treater requests for TENS unit pads. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality,

but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The reports provided show similar requests in treatment plans since 03/07/14; however, there is no discussion of the efficacy or use of this unit. There is also no diagnosis of neuropathy, or other conditions that a TENS unit would be indicated per MTUS. The request is not medically necessary.