

Case Number:	CM14-0172728		
Date Assigned:	10/23/2014	Date of Injury:	09/10/2004
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/20/2014

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 52 years old female with an injury date on 09/10/2004. Based on the 08/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Failed neck and lumbar surgery with radiculitis. According to this report, the patient complains of "ongoing pain in the neck, mid-back, bilateral shoulders, calf, and foot pain which she states elevates with her activities of daily living. She rates her foot pain as a very deep burning type pain and worsens with almost any walking to the point that she can't touch her feet without causing; as she describes intense pain." "She relates her pain as being 6 out of 10 on medication which elevates to 8-9 without medication." Objective findings reveal tenderness at neck, shoulder, cervicothoracic junction, and lumbosacral junction. Cervical and lumbar range of motion is restricted. Patient is off work (temporary disabled) through next visit on 09/11/2014. The 05/13/2014 report indicates patient "was referred to pain management for narcotic reduction on an urgent Basis." The laboratory report on 07/12/2-14 indicates "test result is expected with prescribed medications. " There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/13/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy (Unspecified Frequency and Duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to the 08/08/2014 report by [REDACTED] this patient presents with "ongoing pain in the neck, mid-back, bilateral shoulders, calf, and foot pain which she states elevates with her activities of daily living. " The treater is requesting massage therapy (unspecified frequency and duration) "for alleviation of symptoms and improvement of functional ADLS for her cervical and thoracic spine." For massage therapy, the MTUS guideline page 60, "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." In this case, review of the medical file does not show any sessions of massage therapy or any discussions thereof. It is possible the patient has had massage therapy in the past with the documentation not provided. However, given that the review of the current reports do not refer to a recent course therapy, a short course may be reasonable. However, the treater does not mention duration and frequency of the request. MTUS limits therapy treatments to 4-6 sessions in most case and recommendation is for denial.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: According to the 08/08/2014 report by [REDACTED] this patient presents with "ongoing pain in the neck, mid-back, bilateral shoulders, calf, and foot pain which she states elevates with her activities of daily living. " The treater is requesting Gabapentin 600mg BID #60. Gabapentin was first noted in the 05/13/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. There is lack of documentation regarding the medical necessity of the usage of this medication. Recommendation is for denial.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 08/08/2014 report by [REDACTED] this patient presents with "ongoing pain in the neck, mid-back, bilateral shoulders, calf, and foot pain which she states elevates with her activities of daily living." She relates her pain as being 6 out of 10 on medication which elevates to 8-9 without medication." The treater is requesting Norco 10/325mg TID #90. Norco was first noted in the 05/13/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain with and without medications. A general statement regarding ADL's was mentioned. Opiate monitoring such as urine toxicology were provided. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Xanax 1mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 08/08/2014 report by [REDACTED] this patient presents with "ongoing pain in the neck, mid-back, bilateral shoulders, calf, and foot pain which she states elevates with her activities of daily living. " The treater is requesting Xanax 1mg TID #90. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Xanax since 05/13/2014 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication and recommendation is for denial.

Soma mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: According to the 08/08/2014 report by [REDACTED] this patient presents with "ongoing pain in the neck, mid-back, bilateral shoulders, calf, and foot pain which she states elevates with her activities of daily living. " The treater is requesting Soma mg TID #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treater is requesting Soma #90 and this medication was first noted in the 05/13/2014 report. Soma is not recommended for long-term use. The treater does not mention that this is for a short-term use. Therefore, recommendation is for denial.