MAXIMUS Federal Services

Case Number:	CM14-0183653		
Date Assigned:	11/10/2014	Date of Injury:	06/23/2003
Decision Date:	12/26/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 58 year old female with an injury date on 06/23/2003. Based on the 09/22/2014 progress report provided by the treating physician, the diagnosis is:1. Lumbar radiculopathyAccording to this report, the patient complains of chronic low back pain with right leg pain; "it is very excruciating pain"and"arm are hurting, feeling numb, and tingling." The objective findings indicate patient is unable to perform heel and toe walk. Tenderness is noted at the lumbar and thoracic spine. Thoracic and lumbar range of motion is restricted. Scaitic and femoral tensions sign are positive, bilaterally. Decreased sensation to light touch is noted at the lumbar spine. "There are no significant changes since the last visits." No change was noted in the 07/28/2014 and 08/18/2014 reports. Patient had lumbar fusion in 2011.There were no other significant findings noted on this report. The utilization review denied the request on 10/15/2014. The requesting provider provided treatment reports from 01/13/2013 to 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 09/22/2014 report, this patient presents with chronic low back pain with "excruciating pain" in the right leg and "arm are hurting, feeling numb, and tingling."The treater is requesting Norco 10/325mg #135. Norco was first mentioned in the 05/05/2014 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. Per "Patient Comfort Assessment Guide," the pain levels interfered with "General activities of daily living 10/10; Mood 10/10; Normal Work 10/10; Sleep 10/10; Enjoyment of life 10/10; Ability to concentrate 7/10; relations with others people 10/10." Patient mentions "that the medications are not helping manage her tremendous pain, and that they only take the edges off. Her pain level is 9/10.There a 09/22/2014 Urine drug screen but the results were not discussed.In this case, chronic use of opiates does not appear to be doing much. There is no analgesia with the patient's pain still at 9/10. There is no functional improvement with most of functional measures at 10/10 disability level. UDS's are mentioned but the findings are not discussed. Medications are only taking the "edge" off. Given the lack of any significant improvement from the use of opiates, the request is not medically necessary and appropriate.

Duragesic patch 75mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 09/22/2014 report, this patient presents with chronic low back pain with "excruciating pain" in the right leg and "arm are hurting, feeling numb, and tingling."The treater is requesting Duragesic patch 75mcg #10. The MTUS Guidelines page 44 states Duragesic (fentanyl transdermalsystem) is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. Duragesic patch was first mentioned in the 05/05/2014 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. Per "Patient Comfort Assessment Guide," the pain levels interfered with "General activities of daily living 10/10; Mood 10/10;

Normal Work 10/10; Sleep 10/10; Enjoyment of life 10/10; Ability to concentrate 7/10; relations with others people 10/10." Patient mentions "that the medications are not helping manage her tremendous pain, and that they only take the edges off. Her pain level is 9/10.There a 09/22/2014 Urine drug screen but the results were not discussed.In this case, chronic use of opiates does not appear to be doing much. There is no analgesia with the patient's pain still at 9/10. There is no functional improvement with most of functional measures at 10/10 disability level. UDS's are mentioned but the findings are not discussed. Medications are only taking the "edge" off. Given the lack of any significant improvement from the use of opiates, the request is not medically necessary and appropriate.

Topamax 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); Medications for chronic pain Page(s): 21,60,61.

Decision rationale: According to the 09/22/2014 report, this patient presents with chronic low back pain with "excruciating pain" in the right leg and "arm are hurting, feeling numb, and tingling."The treater is requesting Topamax 50mg #60. According to MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy."Review of reports indicate that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the treater does not mention that this medication is working. There is no documentation of pain and functional improvement with the use of Topamax. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary and appropriate.

Lazanda 400mcg #5 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 09/22/2014 report, this patient presents with chronic low back pain with "excruciating pain" in the right leg and "arm are hurting, feeling numb, and tingling."The treater is requesting Lazanda 400mcg #5 bottles. Lazanda is a nasal spray contains

fentanyl citrate, an opioid pain medication. Fentanyl citrate was first mentioned in the 05/05/2014 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. Per "Patient Comfort Assessment Guide," the pain levels interfered with "General activities of daily living 10/10; Mood 10/10; Normal Work 10/10; Sleep 10/10; Enjoyment of life 10/10; Ability to concentrate 7/10; relations with others people 10/10." Patient mentions "that the medications are not helping manage her tremendous pain, and that they only take the edges off. Her pain level is 9/10.There a 09/22/2014 Urine drug screen but the results were not discussed.In this case, chronic use of opiates does not appear to be doing much. There is no analgesia with the patient's pain still at 9/10. There is no functional improvement with most of functional measures at 10/10 disability level. UDS's are mentioned but the findings are not discussed. Medications are only taking the "edge" off. Given the lack of any significant improvement from the use of opiates, the request is not medically necessary and appropriate.

A lumbar/low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Lumbar bracing

Decision rationale: According to the 09/22/2014 report, this patient presents with chronic low back pain with "excruciating pain" in the right leg and "arm are hurting, feeling numb, and tingling. "The treater is requesting a lumbar/low back brace. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 301 on lumbar bracing states: "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG) Guidelines regarding lumbar supports states "not recommended for prevention," however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The patient does have non-specific low back pain but this has very low-quality evidence. Given the lack of support from the guidelines, the request is not medically necessary and appropriate.

3 monthly office visit follow-up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 09/22/2014 report, this patient presents with chronic low back pain with "excruciating pain" in the right leg and "arm are hurting, feeling numb, and tingling."The treater is requesting 3 monthly office visit follow-up visits. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. The patient presents with chronic pain with had lumbar fusion. Monthly follow-up visitations are recommended. The requested treatment is medically necessary and appropriate.