

Case Number:	CM14-0141526		
Date Assigned:	09/10/2014	Date of Injury:	04/01/2010
Decision Date:	02/11/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 year old with a work injury dated 4/1/10. The mechanism was a fall on his back. The diagnoses include cervical disc disease, lumbar disc disease, post laminectomy syndrome, lumbar radiculitis. Under consideration are requests for Senna (dosage unspecified); MSContin (dosage unspecified); Oxcarbazepine (dosage unspecified); Nortriptyline (dosage unspecified); Physical therapy; Hardware Injection; SI Joint Injections. The documentation states that patient has received surgery, injections, medications, physical therapy. On 11/19/13, the patient underwent decompression at L4-L5 and L5-S1 with exploration of posterolateral fusion and repeat posterior interbody fusion with implantation of fusion cages and posterior instrumentation with interspinous fusion at L4-L5 and L5-S1. There is an 8/7/14 progress note that states that the patient has 6/10 back pain. The pain is located in the lumbar area, upper back, lower back and both legs. The patient notes back stiffness, numbness in both legs, radicular pain and weakness in both legs. The patient is using medications appropriately without side effects or illicit drug abuse. The patient currently, complains of moderate frequent low back pain. He is currently taking Senna, Oxcarbazepine, Dilaudid, Nortriptyline, MSContin, and Docusate sodium. On physical exam the back reveals muscle spasms, decreased range of motion with pain, and moderate weakness in the L4, L5; and S1 distribution, which has clearly worsened from the last evaluation. The patient has decreased sensation of the right lower extremity and flat reflexes in the right lower extremity. Lumbosacral exam reveals well healed scar without infection, erythema, exudate, and pain over the hardware, and S1 joint pathology. The provider recommends hardware injections and S1 joint injections, physical therapy for lumbar spine, as well as medications, including Senna, Oxcarbazepine, Dilaudid, Nortriptyline, MS Contin, and Docusate sodium. A 9/5/14 document states that the lumbosacral exam reveals a positive FABER maneuver right, positive Gaenslen, Patrick pelvic rock, store tests bilaterally. There is

point tenderness over the SI joint itself all indicative of SI joint pathology. The treatment plan included an appeal for the SI joint injection denial stating that the patient has failed PT, home exercise, and medications for this pathology. The patient is noted to be temporarily totally disabled. A 10/6/14 document states that the patient has 7/10 scale. The document states that the patient requires an SI joint injection to clarify the extent of SI joint pathology and clearly meets the criterion for this, along with hardware injections. The medications include Dilaudid, MSContin, Docusate, Nortriptyline, Oxcarbazepine and Senna. The patient is temporarily totally disabled until pending AME evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna (dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain Procedure Summary updated 7/10/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

Decision rationale: Senna (dosage unspecified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does recommend prophylactic treatment of constipation which should be initiated with opioid use. The documentation indicates that continued opioid use in this patient is not medically necessary. The request as written does not indicate a dose or quantity therefore Senna is not medically necessary.

MSContin (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, On-Going Management Page(s): 86, 78-80.

Decision rationale: MSContin (dosage unspecified) is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment. Additionally the request for MSContin does not

indicate a dose or a quantity and therefore is not medically appropriate. The request for MScotin (dosage unspecified) is not medically necessary.

Oxcarbazepine (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Oxcarbazepine (dosage unspecified) is not medically necessary per the MTUS and the ODG guidelines. The ODG states that Oxcarbazepine has demonstrated benefits for treating neuropathic pain, specifically trigeminal neuralgia. Evidence for treating other neuropathies is inconclusive. It is not currently recommended for diabetic peripheral neuropathy or post-herpetic neuralgia. Serum sodium should be monitored (i.e., especially during initial three-month period). The MTUS Chronic Pain Medical Treatment Guidelines state that after initiation of antiepileptics there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Oxcarbazepine without any significant evidence of functional improvement. Additionally, it is not clear that the patient's sodium has been monitored. Furthermore, the request does not indicate a dose or quantity. Oxcarbazepine (dosage unspecified) is not medically necessary.

Nortriptyline (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Nortriptyline (dosage unspecified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. They are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The documentation indicates that the patient has been on Nortriptyline without evidence of functional improvement or significant improvement in analgesia. Furthermore, the request does not specify a dose or quantity. The request for Nortriptyline is not medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a fading of frequency towards an independent home exercise Physical Therapy is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a fading of frequency towards an independent home exercise program. The patient has had 32 visits of post op lumbar physical therapy. At this point patient should be well versed in a home exercise program for the low back. The request does not indicate what body part the therapy is for. Furthermore, the request does not indicate a quantity/frequency. The request for physical therapy is not medically necessary.

Hardware Injection: Upheld

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

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-Hardware injection (block).

Decision rationale: Hardware injection is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that a hardware injection is recommended only for diagnostic evaluation of a failed back surgery syndrome. The request does not indicate a body part, level, or laterality of injection therefore this request cannot be certified and is not medically necessary.

SI Joint Injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis-Sacroiliac joint blocks.

Decision rationale: SI Joint Injections are not medically necessary per the ODG Guidelines. The MTUS does not specifically address this request. Although the recent exam findings are suggestive of possible sacroiliac dysfunction the request as written does not specify a laterality or

specific quantity of injections and therefore this request cannot be considered and is not medically necessary.