

Case Number:	CM14-0210037		
Date Assigned:	12/23/2014	Date of Injury:	05/02/2004
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 5/2/04. A utilization review determination dated 11/19/14 recommends non-certification/modification of PT, Theracane, Norco, Ambien, OxyContin, and Senokot. 8/8/14 medical report identifies pain 3/10 with medication and 8/10 without, no side effects, activity level has remained the same. On exam, there is limited ROM, tenderness, positive facet loading, positive FABER and pelvic compression tests, trigger point with radiating pain and twitch response at left quadratus lumborum muscle, EHL and hip flexors 5-/5 bilaterally, sensation decreased in a patchy distribution. Patient keeps a pain journal and reports severe pain without medications to the point where she cannot perform ADLs such as child care. She has serious issues with insomnia related to pain and has tried and failed other agents including Lunesta, muscle relaxants, neuropathic meds, tricyclics, valerian root, and OTC meds. The only think that seems to work consistently is Ambien. It appears to work well chronically for this patient without side effects. Takes Norco 1-1.5 tablets every 3-4 hours throughout the day. She uses 6 per day. She adheres to a pain contract and there is no evidence of suspicion of diversion or abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the low back, 2x6, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Theracane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for a Theracane, CA MTUS, ACOEM, ODG, the National Library of Medicine, and other online resources do not specifically address the issue. CA MTUS does support the use of exercise to avoid deconditioning. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Within the documentation available for review, there is no clear rationale for the medical necessity of a Theracane. An independent home exercise program is typically designed without the need for specialized equipment and there is no clear rationale identifying why a Theracane would be needed in addition to adherence to an independent home exercise program. In the absence of such documentation, the currently requested Theracane is not medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Short-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects and the provider notes that there is no evidence of aberrant use. While the usage of 6 Norco tablets per day suggests that there may be a need for further optimization of the long-acting opioid use, ongoing use of the short-term opioid is still indicated. In light of the above, the currently requested Norco is medically necessary.

Ambien 10mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ambien for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Insomnia Treatment.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of the insomnia and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Furthermore, Ambien is not indicated for long-term use per ODG. In light of the above issues, the currently requested Ambien is not medically necessary.

Oxycontin 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids; on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects and the provider notes that there is no evidence of

aberrant use. While the usage of 6 Norco tablets per day suggests that there may be a need for further optimization of the long-acting opioid use, ongoing use of the short-term opioid is still indicated. In light of the above, the currently requested OxyContin is medically necessary.

Senokot S 50-8.6 #120 with 2 refills: Overturned

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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Senokot, CA MTUS recommends prophylaxis against constipation for patients utilizing opioids. Within the documentation available for review, the ongoing use of opioids is medically necessary. In light of the above, the currently requested Senokot is medically necessary.