

Case Number:	CM15-0013384		
Date Assigned:	02/02/2015	Date of Injury:	10/05/2011
Decision Date:	03/26/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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 & Rehabilitation

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 injured worker is a 64 year old female, who sustained an industrial injury on 10/05/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervical degenerative disc disease and facet osteoarthritis, cervical radiculopathy in the cervical five dermatome, lumbar facet osteoarthritis, lumbar degenerative disc disease, lumbar spine pain with bilateral lower extremity radiculopathy in the lumbar four and five dermatomes, and right sacroiliitis. Treatment to date has included computed tomography of the cervical spine, lumbar epidural steroid injection, medication regimen, cervical radiofrequency rhizotomy, use of heat and ice, rest, and exercises. In a progress note dated 10/19/2014 the treating provider reports burning, aching and occasional pinching pain to the neck and low back that radiates to the bilateral legs with the right greater than the left that is rated a seven to eight out of ten without medication and a two to three out of ten with medication. The injured worker also reports associated symptoms of heartburn and depression. The treating physician requested the medication of Vicodin noting a reduction of pain, increase in activity tolerance, and restoration of function. The treating physician requested the medication of Ativan for anxiety. The medical records provided lacked documentation on the requested treatment of chiropractic visits. On 12/24/2014 Utilization Review modified the requested treatments of Vicodin 5/300mg with a quantity of 60 to Vicodin 5/300mg with a quantity of 54 and Ativan 0.5mg with a quantity of 30 for three refills to Ativan 0.5mg with a quantity of 27 with no refills and non-certified the requested treatment of six sessions of

chiropractic visits for the lumbar spine, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain, page 24, pages 58 to 59, and pages 75 to 80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 10/09/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral legs and neck pain, rated 2-3/10 with and 7-8/10 without medications. The request is for VICODIN 5/300MG #60. The patient is status post lumbar epidural steroid injection August 2014. Patient's medications include Vicodin, Ativan, Skelaxin, Hydrocodone, Lorazepam and Prilosec. Patient reports nausea and heartburn, and no other side effects or aberrant behavior. Patient's work status has not been provided. 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. Vicodin has been included in patient's medications per treater reports dated 08/13/14 and 10/09/14. Per progress report dated 10/09/14, treater states "chronic pain medication maintenance regimen benefit includes reduction of pain, increased tolerance, and restoration of partial overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing patient to complete necessary activities of daily living." In this case, treater has provided numerical scales to address analgesia and discussed that patient exhibited no adverse effects or aberrant behavior. However, treater provided general statements and has not stated how Vicodin reduces pain and significantly improves patient's activities of daily living with specific examples. MTUS requires adequate discussion of the 4A's. Furthermore, there are no UDS's, CURES reports, or opioid pain agreement. No return to work or change in work status, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Ativan .5 MG #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine

Decision rationale: Based on the 10/09/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral legs and neck pain, rated 2-3/10 with and 7-8/10 without medications. The request is for ATIVAN .5MG #30 WITH 3 REFILLS. The patient is status post lumbar epidural steroid injection August 2014. Patient's medications include Vicodin, Ativan, Skelaxin, Hydrocodone, Lorazepam and Prilosec. Patient reports nausea and heartburn, and no other side effects or aberrant behavior. Patient's work status has not been provided. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Ativan has been included in patient's medications per treater reports dated 08/13/14 and 10/09/14. Per progress report dated 10/09/14, treater states "chronic pain medication maintenance regimen benefit includes reduction of pain, increased tolerance, and restoration of partial overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing patient to complete necessary activities of daily living." While Ativan can be beneficial, ODG guidelines recommend against the use of Valium for more than 4 weeks. In this case, the patient has been prescribed the medication at least since 08/13/14, which is more than 4 months from the UR date of 12/24/14. Furthermore, the request for quantity 30 with 3 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

6 Chiropractic Sessions for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Based on the 10/09/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral legs and neck pain, rated 2-3/10 with and 7-8/10 without medications. The request is for 6 CHIROPRACTIC SESSIONS FOR THE LUMBAR. The patient is status post lumbar epidural steroid injection August 2014. Patient's medications include Vicodin, Ativan, Skelaxin, Hydrocodone, Lorazepam and Prilosec. Patient reports nausea and heartburn, and no other side effects or aberrant behavior. Patient's work status has not been provided. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions... Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate

course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater has not provided reason for the request, nor treatment history. UR letter dated 12/24/14 states "a review recommendation on 10/30/14 indicated chiropractic treatments x6 sessions were certified." It appears the patient has been certified and started chiropractic treatment, and this is a request for additional 6 sessions. MTUS allows up to 12 trial visits. However, treater has not provided re-evaluation post 6 initial visits. The additional 6 visits cannot be warranted without documentation of objective functional improvement as required by MTUS. Therefore, the request IS NOT medically necessary.