

Case Number:	CM15-0015655		
Date Assigned:	02/03/2015	Date of Injury:	10/02/2009
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 48 year-old male who has reported low back, inguinal, and knee pain after lifting on October 2, 2009. The EMG on 1/16/14 was negative for radiculopathy. The lumbar MRI on 5/11/13 showed mild multilevel spondylosis without any nerve root impingement. The agreed medical examination (AME) did not diagnose a radiculopathy. The ongoing diagnoses include lumbar disc protrusions, radiculopathy, status post (s/p) bilateral inguinal hernia repair, s/p testicular surgery, and left lateral meniscus tear. Treatment has included physical therapy, medications, hernia repair, chiropractic, lumbar brace, and transcutaneous electrical nerve stimulation (TENS). The injured worker has reportedly not worked since 2010. 8 visits of acupuncture were authorized on 4/15/14, with no subsequent reports showing functional improvement. Monthly reports from the primary treating physician during 2014 have very similar information. Tramadol, cyclobenzaprine, and naproxen are dispensed and are reported to provide nearly complete pain relief. Work status is 'temporarily totally disabled.' Epidural steroid injections and acupuncture are repeatedly prescribed. A drug screen in July 2014 was negative for all drugs assayed. A drug screen on 12/12/14 was negative for tramadol and cyclobenzaprine. This was not discussed by the ordering and treating physician, and he continued to dispense these medications. The PR2 of 10/29/14 noted ongoing low back, inguinal, and knee pain. There was a sensory deficit bilaterally in the L4-5 dermatomes. Work status "temporarily totally disabled". Epidural steroid injection and acupuncture were prescribed along with the same medications. Per the PR2 of January 2, 2015, there was low back pain, a gradual increase of lower extremity 'radicular component', and left knee pain. Opioids, NSAIDs,

and cyclobenzaprine produce a cumulative pain relief with pain rated 0-1/10. The physical examination was notable for low back tenderness, limited range of motion, knee swelling, and no specific radicular findings. The treatment plan included epidural steroid injections, acupuncture, physical therapy, LSO, TENS, and dispensed medications. Naproxen was 550 three times daily (tid), pantoprazole was tid, cyclobenzaprine was tid, and tramadol was 150 mg ER two daily (qd). Work status was continued as 'temporarily totally disabled.' On January 15, 2015, Utilization Review certified pantoprazole and naproxen. Utilization Review non-certified medications dispensed on 10/29/14 and 12/3/14 (Tramadol ER 150mg #60, Cyclobenzaprine 7.5mg #90, Tramadol ER 150mg #60, Cyclobenzaprine 7.5mg #90), and acupuncture x6. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (10/29/14) Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back painMech.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Although the treating physician reports nearly complete pain relief with analgesics, the work status remains as "temporarily totally disabled"; which fails the "return-to-work" criterion for opioids in the MTUS and represents an inadequate focus on functional improvement. "Temporarily totally disabled" work status implies a failure of treatment. The treating physician has not addressed the negative drug screens. Drug testing has not been random, as it occurs at office visits. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective (10/29/14) Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of

chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in function as a result of prescribing muscle relaxants. The reported pain relief is nearly complete, yet the work status remains as "temporarily totally disabled." Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Retrospective (12/3/14) Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction indications, Chronic back painMech.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Although the treating physician reports nearly complete pain relief with analgesics, the work status remains as "temporarily totally disabled"; which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. "Temporarily totally disabled" work status implies a failure of treatment. The treating physician has not addressed the negative drug screens. The latest drug screen was negative for tramadol, implying that the injured worker does not take the drug as prescribed, if at all. Per the guidelines, this must be addressed and was not. Drug testing has not been random, as it occurs at office visits. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retrospective (12/3/14) Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred

consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in function as a result of prescribing muscle relaxants. The reported pain relief is nearly complete, yet the work status remains as "temporarily totally disabled." Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The latest drug test was negative for cyclobenzaprine, indicating that this drug was not taken as prescribed, if at all. Per the guidelines, this must be addressed and was not. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Acupuncture lumbar spine 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of 8 visits was authorized in April 2014. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since that the previously certified course of acupuncture, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a decreasing dependency on medical care. The injured worker remains on "temporarily totally disabled" status, which is a profound degree of disability. This implies a failure of all treatment, including acupuncture. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.

Epidural Steroid Injection (ESI) L4-5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression and the EMG was negative. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case.

