

Case Number:	CM15-0110871		
Date Assigned:	06/17/2015	Date of Injury:	02/21/2003
Decision Date:	09/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/09/2015

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 43-year-old male, with a reported date of injury of 02/21/2003. The diagnoses include acquired spondylolisthesis, sacroiliitis, spondylosis without myelopathy, degeneration of lumbosacral intervertebral disc, lumbar spinal stenosis, displacement of lumbar intervertebral disc without myelopathy, and myalgia/myositis. Treatments to date have included a cane, oral medications, and home exercise program. The medical report dated 04/13/2015 indicates that the injured worker complained of neck, back, hand, and arm pain, right and left. The pain was rated 9 out of 10. The injured worker had not returned to work and had activity limitations. The objective findings include normal motor strength in the lower extremities, 2+ deep tendon reflexes, intact balance, negative bilateral straight leg raise test, localized lumbar paraspinal tenderness, and decreased range of motion. The treatment plan included refilling of medications, continuation of home exercise program, a home exercise kit and traction device, use of compounding creams, and a lumbar traction device to be used at home for increased flare-up of pain. The medical report dated 03/16/2015 indicates that the injured worker reported persistent low back pain, rated 9 out of 10. It was noted that the back pain was increasing, and the injured worker remained on Soma, Norco, and Morphine. The objective findings include no change with tenderness to palpation of the lumbar spine, a worsening antalgic gait, worsening of lumbar range of motion, positive bilateral straight leg raise test, and worsening and reduced thoracolumbar spine range of motion. The treating physician requested a home exercise kit, a traction device for the lumbar spine, Soma 325mg #30, Ambien 10mg #15, Morphine sulfate ER 30mg #15, and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Based on the 4/13/15 progress report provided by the treating physician, this patient presents with increasing low back pain rated 9/10 on VAS scale. The treater has asked for Home exercise kit (HTEK: lumbar) but the requesting progress report is not included in the provided documentation. The request for authorization dated 4/27/15 gives a diagnosis of lumbar radiculopathy. The patient has persistent low back pain that is increasing, with fatigue per 2/16/15 report. The patient is s/p lumbar epidural steroid injection, and does not exercise due to his pain per 3/4/13 report. A urine drug screen came out with expected results per 4/13/15 report. The patient is using H-wave for back pain as of 2/15/14. The patient's work status is permanent and stationery as of 3/16/15 report. ACOEM chapter 12, page 309, recommends "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise." In regard to the request for a home exercise kit for this patient's lumbar spine, the requesting physician has not documented the true rationale of the home exercise kit. The treater does not discuss this request in the reports provided. While exercise is recommended in ACOEM guidelines, the current request for HTEK: lumbar does not delineate what such kits entail, or why traditional exercises are insufficient. Without knowing what this kit is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The physician does not provide any useful discussion regarding his request, what exercises are to be performed, and what kind of monitoring will be done. Therefore, the requested home exercise kit for the lumbar spine is not medically necessary.

Traction device for lumbar spine: 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 (ODG), Treatment Index, 13th edition (web), 2015, Low Back, Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on the 4/13/15 progress report provided by the treating physician, this patient presents with increasing low back pain rated 9/10 on VAS scale. The treater has asked for Traction device for lumbar spine but the requesting progress report is not included in the provided documentation. The request for authorization dated 4/27/15 gives a diagnosis of

lumbar radiculopathy. The patient has persistent low back pain that is increasing, with fatigue per 2/16/15 report. The patient is s/p lumbar epidural steroid injection, and does not exercise due to his pain per 3/4/13 report. A urine drug screen came out with expected results per 4/13/15 report. The patient is using H-wave for back pain as of 2/15/14. The patient's work status is permanent and stationery as of 3/16/15 report. Acoem Chapter 12, page 300, under Physical Methods states: Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In this case, the request for lumbar traction is noted in progress report dated 4/13/15. The treater does not explain how this treatment modality will benefit the patient. Furthermore MTUS/ACOEM do not support the use of traction for lower back pain as traction has not been proved effective for lasting relief in treating low back pain. Hence, the request is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

Decision rationale: Based on the 4/13/15 progress report provided by the treating physician, this patient presents with increasing low back pain rated 9/10 on VAS scale. The treater has asked for Soma 350mg #120 but the requesting progress report is not included in the provided documentation. The request for authorization dated 4/27/15 gives a diagnosis of lumbar radiculopathy. The patient has persistent low back pain that is increasing, with fatigue per 2/16/15 report. The patient is s/p lumbar epidural steroid injection, and does not exercise due to his pain per 3/4/13 report. A urine drug screen came out with expected results per 4/13/15 report. The patient is using H-wave for back pain as of 2/15/14. The patient's work status is permanent and stationery as of 3/16/15 report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soprodoal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is noted in progress reports dated 3/16/15 and 4/13/15. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Soma beyond a 2 to 3 week period. Hence, the request for Soma #120 is not medically necessary.

Ambien 10mg #30: 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), Treatment Index, 13th edition (web), 2015, Pain, Zolpidem (Ambien).

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

Decision rationale: Based on the 4/13/15 progress report provided by the treating physician, this patient presents with increasing low back pain rated 9/10 on VAS scale. The treater has asked for Ambien 10mg #30 but the requesting progress report is not included in the provided documentation. The request for authorization dated 4/27/15 gives a diagnosis of lumbar radiculopathy. The patient has persistent low back pain that is increasing, with fatigue per 2/16/15 report. The patient is s/p lumbar epidural steroid injection, and does not exercise due to his pain per 3/4/13 report. A urine drug screen came out with expected results per 4/13/15 report. The patient is using H-wave for back pain as of 2/15/14. The patient's work status is permanent and stationery as of 3/16/15 report. ODG guidelines, Pain (Chronic) under Zolpidem, state that the medication is indicated for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, a prescription for Zolpidem is first noted in progress report dated 11/24/14, 3/16/15 and 4/13/15. It is not clear when the medication was prescribed for the first time. Review of reports do not mention the efficacy of Zolpidem. ODG only recommends it for short-term (7-10 days) treatment of insomnia. Hence, the request is not medically necessary.

Morphine Sulfate ER 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

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: Based on the 4/13/15 progress report provided by the treating physician, this patient presents with increasing low back pain rated 9/10 on VAS scale. The treater has asked for Morphine Sulfate ER 30mg #30 but the reporting progress report is included in the provided documentation. The request for authorization dated 4/27/15 gives a diagnosis of lumbar radiculopathy. The patient has persistent low back pain that is increasing, with fatigue per 2/16/15 report. The patient is s/p lumbar epidural steroid injection, and does not exercise due to his pain per 3/4/13 report. A urine drug screen came out with expected results per 4/13/15 report. The patient is using H-wave for back pain as of 2/15/14. The patient's work status is permanent and stationery as of 3/16/15 report. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, MS ER is first noted in AME report dated 12/22/14. It is not clear when the medication was prescribed for the first time. Progress reports also document the use of Norco. The treater, however, does not use a

pain scale to demonstrate before and after analgesia, i.e. with and without this medication. The reports do not provide specific examples that indicate a change and improvement in function prior to and after opioid use. An UDS and CURES are available for review on 12/22/14. There is no discussion regarding the side effects of MS ER. MTUS requires a clear documentation regarding impact of the opioid on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

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: Based on the 4/13/15 progress report provided by the treating physician, this patient presents with increasing low back pain rated 9/10 on VAS scale. The treater has asked for Norco 10/325mg #150 but the reporting progress report is included in the provided documentation. The request for authorization dated 4/27/15 gives a diagnosis of lumbar radiculopathy. The patient has persistent low back pain that is increasing, with fatigue per 2/16/15 report. The patient is s/p lumbar epidural steroid injection, and does not exercise due to his pain per 3/4/13 report. A urine drug screen came out with expected results per 4/13/15 report. The patient is using H-wave for back pain as of 2/15/14. The patient's work status is permanent and stationery as of 3/16/15 report. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in AME report dated 12/22/14. It is not clear when the medication was prescribed for the first time. Progress reports also document the use of MS ER and MS Contin. The treater, however, does not use a pain scale to demonstrate before and after analgesia, i.e. with and without this medication. The reports do not provide specific examples that indicate a change and improvement in function prior to and after opioid use. UDS and CURES reports are available for review on 12/22/14. There is no discussion regarding the side effects of MS ER. MTUS requires a clear documentation regarding impact of the opioid on 4As, including analgesia, ADLs,

adverse side effects, and aberrant behavior, for continued use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.