

Case Number:	CM15-0115823		
Date Assigned:	06/24/2015	Date of Injury:	06/02/2005
Decision Date:	09/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 54 year old male, who sustained an industrial injury on June 2, 2005 incurring low back injuries from a motor vehicle accident. He was diagnosed with lumbar disc displacement and lumbar radiculopathy. Lumbar Magnetic Resonance Imaging revealed disc protrusions. Treatment included epidural steroid injection, ice, heat, anti-inflammatory drugs and pain medications, physical therapy, muscle relaxants, sleep aides, neuropathic medications and work modifications. Currently, the injured worker complained of persistent low back pain radiculopathy into the left leg with numbness, weakness and paresthesia. The injured worker complained of difficulty with daily activities of living. Range of motion was noted as limited secondary to pain. The treatment plan that was requested for authorization included aquatic therapy for the low back, prescriptions for Soma, Oxycontin, Tramadol, Percocet, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the low back (12 sessions): 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) - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The patient presents on 05/29/15 with lower back pain, greater left than right, which "radiates both upward and downward", and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 06/02/05. Patient has no documented surgical history directed at this complaint. The request is for AQUATIC THERAPY FOR THE LOW BACK (12 SESSIONS). The RFA is dated 05/29/15. Physical examination dated 05/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased range of motion in all planes, positive straight leg raise test on the left, and decreased sensation to light touch in the left lateral thigh. The provider also notes absent deep tendon reflexes in the bilateral knees. The patient is currently prescribed Soma, Oxycontin, Neurontin, Tramadol, Percocet, Prilosec, and Chlorzoxazone. Patient is currently disabled. MTUS Guidelines, page 22, under Aquatic therapy states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy -including swimming- can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the request for 12 aquatic therapy sessions for the management of this patient's chronic lower back pain, treater has exceeded guideline recommendations. There is no evidence in the records provided that this patient has completed any recent physical therapy or aquatic therapy. Ordinarily, aquatic therapy is indicated for individuals for whom traditional physical therapy is excessively difficult due to being overweight or obese - though this patient's current body dimensions are not provided. MTUS guidelines support up to 10 physical medicine treatments for complaints of this nature, the 12 requested exceeds these recommendations and cannot be substantiated. Therefore, this request IS NOT medically necessary.

Soma 350mg, #73 (no refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 124.

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

Decision rationale: The patient presents on 05/29/15 with lower back pain, greater left than right, which "radiates both upward and downward", and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 06/02/05. Patient has no documented surgical history directed at this complaint. The request is for SOMA 350MG #73 (NO REFILL). The RFA is dated 05/29/15. Physical examination dated 05/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased range of motion in all planes, positive

straight leg raise test on the left, and decreased sensation to light touch in the left lateral thigh. The provider also notes absent deep tendon reflexes in the bilateral knees. The patient is currently prescribed Soma, Oxycontin, Neurontin, Tramadol, Percocet, Prilosec, and Chlorzoxazone. Patient is currently disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 11/13/14. However, MTUS does not support the use of Soma for longer than 2-3 weeks. The prescribed amount in addition to prior use does not imply the intent to limit this medication's use to short-term. Therefore, the request IS NOT medically necessary.

Oxycontin 40mg, #100 (no refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Weaning of Medications Page(s): 86-87, 124.

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: The patient presents on 05/29/15 with lower back pain, greater left than right, which "radiates both upward and downward", and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 06/02/05. Patient has no documented surgical history directed at this complaint. The request is for OXYCONTIN 40MG #100 (NO REFILL). The RFA is dated 05/29/15. Physical examination dated 05/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased range of motion in all planes, positive straight leg raise test on the left, and decreased sensation to light touch in the left lateral thigh. The provider also notes absent deep tendon reflexes in the bilateral knees. The patient is currently prescribed Soma, Oxycontin, Neurontin, Tramadol, Percocet, Prilosec, and Chlorzoxazone. Patient is currently disabled. Regarding chronic opiate use, MTUS guidelines page 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." In regard to Oxycontin for the management of this patient's chronic pain, the treater has not provided adequate documentation of analgesia to substantiate continuation. Addressing medication efficacy, progress note dated 05/29/15 has the following: "PT also states he unable to perform daily ADL (cleaning, showering, cooking, dressing) without current medications." MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does signal medication consistency and lack of aberrant behavior,

however neglects to properly document analgesia and functional improvement. More importantly, MTUS p80, 81 also has the following regarding narcotics for 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 per MTUS, stating, "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. Owing to these factors and a lack of complete 4A's documentation, the request IS NOT medically necessary and the patient should be slowly weaned off of this medication.

Tramadol 50mg, #108 (no refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 93.

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: The patient presents on 05/29/15 with lower back pain, greater left than right, which "radiates both upward and downward", and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 06/02/05. Patient has no documented surgical history directed at this complaint. The request is for TRAMADOL 50MG #108 (NO REFILL). The RFA is dated 05/29/15. Physical examination dated 05/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased range of motion in all planes, positive straight leg raise test on the left, and decreased sensation to light touch in the left lateral thigh. The provider also notes absent deep tendon reflexes in the bilateral knees. The patient is currently prescribed Soma, Oxycontin, Neurontin, Tramadol, Percocet, Prilosec, and Chlorzoxazone. Patient is currently disabled. Regarding chronic opiate use, MTUS guidelines page 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." In regard to Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of analgesia to substantiate continuation. Addressing medication efficacy, progress note dated 05/29/15 has the following: "PT also states he unable to perform daily ADL (cleaning, showering, cooking, dressing) without current medications." MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does signal medication consistency and lack of aberrant behavior, however neglects to properly document analgesia and functional improvement. More importantly, MTUS p80, 81 also has the following regarding narcotics for 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 per MTUS, stating, "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. Owing to these factors and a lack of complete 4A's documentation, the request IS NOT medically necessary and the patient should be slowly weaned off of this medication.

Percocet 10/325mg, #150 (no refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Weaning of Medications Page(s): 86-87, 124.

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: The patient presents on 05/29/15 with lower back pain, greater left than right, which "radiates both upward and downward", and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 06/02/05. Patient has no documented surgical history directed at this complaint. The request is for PERCOCET 10/325MG #150 (NO REFILL). The RFA is dated 05/29/15. Physical examination dated 05/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased range of motion in all planes, positive straight leg raise test on the left, and decreased sensation to light touch in the left lateral thigh. The provider also notes absent deep tendon reflexes in the bilateral knees. The patient is currently prescribed Soma, Oxycontin, Neurontin, Tramadol, Percocet, Prilosec, and Chlorzoxazone. Patient is currently disabled. Regarding chronic opiate use, MTUS guidelines page 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." In regard to Percocet for the management of this patient's chronic pain, the treater has not provided adequate documentation of analgesia to substantiate continuation. Addressing medication efficacy, progress note dated 05/29/15 has the following: "PT also states he unable to perform daily ADL (cleaning, showering, cooking, dressing) without current medications." MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does signal medication consistency and lack of aberrant behavior, however neglects to properly document analgesia and functional improvement. More importantly, MTUS p80, 81 also has the following regarding narcotics for 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 per MTUS, stating, "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. Owing to these factors and a lack of complete 4A's documentation, the request IS NOT medically necessary and the patient should be slowly weaned off of this medication.

Prilosec 20mg, #30 (no refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: The patient presents on 05/29/15 with lower back pain, greater left than right, which "radiates both upward and downward", and associated numbness/tingling/weakness in the left lower extremity. The patient's date of injury is 06/02/05. Patient has no documented surgical history directed at this complaint. The request is for PRILOSEC 20MG #30 (NO REFILL). The RFA is dated 05/29/15. Physical examination dated 05/29/15 reveals tenderness to palpation of the lumbar paraspinal muscles on the left, decreased range of motion in all planes, positive straight leg raise test on the left, and decreased sensation to light touch in the left lateral thigh. The provider also notes absent deep tendon reflexes in the bilateral knees. The patient is currently prescribed Soma, Oxycontin, Neurontin, Tramadol, Percocet, Prilosec, and Chlorzoxazone. Patient is currently disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to Prilosec, the treater has not provided adequate documentation of efficacy to substantiate continuation of this medication. This patient has been prescribed Prilosec since at least 11/13/14 for gastrointestinal complaints of heartburn and vomiting, though efficacy is not documented in the subsequent reports and the subjective GI complaints are apparently unchanged in all reports. Most recent progress note, dated 05/19/15 does not discuss this medication's efficacy and the subjective GI complaints are the same as appears in previous notes. Without documentation of efficacy, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.