

Case Number:	CM15-0122021		
Date Assigned:	07/06/2015	Date of Injury:	08/08/2014
Decision Date:	08/25/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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 45 year old female, who sustained an industrial injury on 8/8/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculitis and depression. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. In a progress note dated 5/11/2015, the injured worker complains of neck pain with bilateral occipital headaches and low back pain that radiates to the mid-back, rated 5/10 with medications and 9/10 without medications. Physical examination showed cervical and lumbar tenderness and limited lumbar range of motion. The treating physician is requesting 8 sessions of myofascial release therapy for the lumbar spine, supervised weight loss program, Norco 10/325 mg #150 abdominal Butrans patches 10 mcg/hour #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy lumbar spine #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Massage Therapy Page(s): 60.

Decision rationale: The patient presents with neck pain, rated 5/10 and low back pain radiating to the middle of the back, rated 9/10. The request is for MYOFASCIAL RELEASE THERAPY LUMBAR SPINE # 8. Patient is status post bilateral carpal tunnel release surgery 07/15/14, cervical laminectomy, and chiary malformation brain surgery, in 2011. Physical examination to the cervical spine on 05/11/15 revealed tenderness to palpation in the C6-7 area. Range of motion was restricted in all planes with pain. Examination to the lumbar spine revealed tenderness to palpation to L4-S1 paravertebral muscles. Straight leg raising test at 90 degrees in sitting position was negative. Per 04/13/15 progress report, patient's diagnosis include depressive disorder not otherwise specified, cervical radiculopathy, lumbar radiculitis, status post cervical surgery, status post brain surgery, and status post bilateral carpal tunnel release. Patient's medications, per 03/16/15 progress report include Motrin, Norco, Hydrocodone, and Lexapro. Patient is working regular duties. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Treater has not discussed this request. UR letter dated 05/29/15 has modified the request from 8 to 4 sessions. Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy would be appropriate. However, the requested 8 session of therapy exceeds what is allowed by MTUS and therefore, the request IS NOT medically necessary.

Supervised Weight Loss Program #1: 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), Diabetes, lifestyle.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Exercise Page(s): 46, 47. Decision based on Non-MTUS Citation
aetna.com/cpb/medical/data/1_99/0039.html www.lindora.com/lhc-riteaid.aspx.

Decision rationale: The patient presents with neck pain, rated 5/10 and low back pain radiating to the middle of the back, rated 9/10. The request is for SUPERVISED WEIGHT LOSS PROGRAM # 1. Patient is status post bilateral carpal tunnel release surgery 07/15/14, cervical laminectomy, and chiary malformation brain surgery, in 2011. Physical examination to the cervical spine on 05/11/15 revealed tenderness to palpation in the C6-7 area. Range of motion was restricted in all planes with pain. Examination to the lumbar spine revealed tenderness to palpation to L4-S1 paravertebral muscles. Straight leg raising test at 90 degrees in sitting position was negative. Per 04/13/15 progress report, patient's diagnosis include depressive disorder not otherwise specified, cervical radiculopathy, lumbar radiculitis, status post cervical surgery, status post brain surgery, and status post bilateral carpal tunnel release. Patient's medications, per 03/16/15 progress report include Motrin, Norco, Hydrocodone, and Lexapro. Patient is working regular duties. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular

exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any saying on weight loss program. AETNA website aetna.com/cpb/medical/data/1_99/0039.html was referred. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] is a medically supervised program www.lindora.com/lhc-riteaid.aspx. In progress report dated 04/13/15, it is stated that the patient complaints of weight gain secondary to inactivity provoked by pain and the teater recommends [REDACTED]. However, the treater has not provided the current weight of the patient and there is no statement about an end-point or goal weight. Furthermore, progress reports do not reveal any steps taken by the patient to achieve weight loss goals, such as caloric restriction or increased physical activity. This request is not in line with guideline recommendations and therefore, IS NOT medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with neck pain, rated 5/10 and low back pain radiating to the middle of the back, rated 9/10. The request is for NORCO 10/325 MG # 150. Patient is status post bilateral carpal tunnel release surgery 07/15/14, cervical laminectomy, and chiary malformation brain surgery, in 2011. Physical examination to the cervical spine on 05/11/15 revealed tenderness to palpation in the C6-7 area. Range of motion was restricted in all planes with pain. Examination to the lumbar spine revealed tenderness to palpation to L4-S1 paravertebral muscles. Straight leg raising test at 90 degrees in sitting position was negative. Per 04/13/15 progress report, patient's diagnosis include depressive disorder not otherwise specified, cervical radiculopathy, lumbar radiculitis, status post cervical surgery, status post brain surgery, and status post bilateral carpal tunnel release. Patient's medications, per 03/16/15 progress report include Motrin, Norco, Hydrocodone, and Lexapro. Patient is working regular duties. 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 p80 state that the opioids for chronic back pain "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear." "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy." There is lack of MTUS guidelines support for chronic opioids use to treat chronic low back pain. In progress report dated 05/11/15, it is stated that the patient has been taking Norco 5 times a day since 2007. UR letter dated 05/29/15 has modified the request to 112 tablets. In this case, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS and CURES or opioid pain contracts were provided either. Given the lack of documentation as required by MTUS, the request IS NOT

medically necessary.

Butrans 10mcg/hr patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78, 80.

Decision rationale: The patient presents with neck pain, rated 5/10 and low back pain radiating to the middle of the back, rated 9/10. The request is for BUTRANS 10 MCG/HR PATCH # 4. Patient is status post bilateral carpal tunnel release surgery 07/15/14, cervical laminectomy, and chiary malformation brain surgery, in 2011. Physical examination to the cervical spine on 05/11/15 revealed tenderness to palpation in the C6-7 area. Range of motion was restricted in all planes with pain. Examination to the lumbar spine revealed tenderness to palpation to L4-S1 paravertebral muscles. Straight leg raising test at 90 degrees in sitting position was negative. Per 04/13/15 progress report, patient's diagnosis include depressive disorder not otherwise specified, cervical radiculopathy, lumbar radiculitis, status post cervical surgery, status post brain surgery, and status post bilateral carpal tunnel release. Patient's medications, per 03/16/15 progress report include Motrin, Norco, Hydrocodone, and Lexapro. Patient is working regular duties. 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 4A's (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 p80 state that the opioids for chronic back pain "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear." "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy." There is lack of MTUS guidelines support for chronic opioids use to treat chronic low back pain. Treater has not provided reason for the request. UR letter dated 05/29/15 modified the request to # 3. The patient received prescriptions for Butrans Patch on 04/13/15 and 05/11/15, along with Norco, another opioid. In this case, the treater does not document its impact on other opioid therapy, as there are no records indicating a decrease in utilizing Norco. The treater has not discussed how the Burtrans patch significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument has been used to show functional improvement. No opioid pain contract or CURES available for review. No discussions regarding aberrant behavior were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.