

Case Number:	CM15-0122130		
Date Assigned:	07/02/2015	Date of Injury:	07/19/2012
Decision Date:	09/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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 27 year old male, who sustained an industrial injury on 7/19/2012. The mechanism of injury was lifting a pump to put it on a stand. The injured worker was diagnosed as having status post left-sided posterior hemi-laminectomy, lumbago and bilateral lower extremity sciatica. Lumbar magnetic resonance imaging showed left sided broad based disc protrusion. Treatment to date has included therapy and medication management. In a progress note dated 5/27/2015, the injured worker complains of low back pain. Physical examination showed lumbar tenderness, guarding and muscle spasm. The treating physician is requesting Norco 10/325 mg #60, Ibuprofen 800 mg #90, Valium 5 mg #60, 12 physical therapy sessions and a consultation and treatment for spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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: This patient presents with chronic low back pain. The current request is for Norco 10/325mg #60. Treatment to date has included ESIs, chiro treatments, lumbar surgery on 09/08/14, physical therapy and medication management. The patient is not working. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 5/27/2015, the patient complains of chronic low back pain. Physical examination showed lumbar tenderness, guarding and muscle spasm. There is a decrease in ROM and positive SLR. The treating physician is requesting a refill of Norco 10/325 mg for pain. The patient has been utilizing Norco since at least November 2014. In this case, there are no specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing Norco. There are no before and after pain scales provided to denote a decrease in pain, either. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: This patient presents with chronic low back pain. The current request is for Ibuprofen 800mg #90. Treatment to date has included lumbar surgery on 09/08/14, physical therapy and medication management. The patient is not working. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP." According to progress report 5/27/2015, the patient complains of chronic low back pain. Physical examination showed lumbar tenderness, guarding and muscle spasm. The treating physician is requesting a refill of Ibuprofen. The patient has been prescribed Ibuprofen since 11/07/14. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when

medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Benzodiazepine.

Decision rationale: This patient presents with chronic low back pain. The current request is for Valium 5mg #60. Treatment to date has included lumbar surgery on 09/08/14, physical therapy and medication management. The patient is not working. ODG guidelines, Pain (Chronic) Chapter under Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 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." 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." The treater is requesting a refill of Valium for "muscle relaxation and sleep." ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. In this case, the patient has been taking Valium since at least 09/25/14, which indicates long-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium IS NOT medically necessary.

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with chronic low back pain. The current request is for Valium 5mg #60. Treatment to date has included lumbar surgery on 09/08/14, physical therapy and medication management. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 5/27/2015, the patient complains of chronic low back pain. Physical examination showed lumbar tenderness, guarding and muscle spasm. The patient is outside of the post surgical time frame. The patient last participated in an undisclosed number of PT sessions in 2014. The exact number of completed

physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the treater does not discuss why additional PT is being imitated at this time. There is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. The current request also exceeds guideline recommendation. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to participate in a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.

1 Consultation and treatment for spinal cord stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Spinal Cord Stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulation Page(s): 105-107.

Decision rationale: This patient presents with chronic low back pain. The current request is for Consultation and treatment for spinal cord stimulator. Treatment to date has included lumbar surgery on 09/08/14, physical therapy and medication management. The patient is not working. The MTUS Guidelines pages 105 to 107 under spinal cord stimulation states, Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions, and following a successful temporary trial." According to progress report 5/27/2015, the patient complains of chronic low back pain. Physical examination showed lumbar tenderness, guarding and muscle spasm. The treating physician recommends a consultation and treatment with a specialist for a spinal cord stimulator. In this case, the patient is status post lumbar surgery and continues with pain despite conservative therapies. The patient may be a suitable candidate for a Spinal Cord Stimulator Trial. However, MTUS page 101 also recommends psychological evaluation prior to a spinal cord stimulation trial. The request for consultation appears reasonable, but the request is also for treatment which cannot be considered until the psych eval has taken place. The request, as stated, IS NOT medically necessary.