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| Case Number: | CM15-0123679 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 09/12/1964 |
| Decision Date: | 09/15/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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: New York
 Certification(s)/Specialty: Emergency 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 79 year old male, who sustained an industrial injury on September 12, 1964. He reported chronic low back pain with pain radiating to bilateral lower extremities. The injured worker was diagnosed as having status post failed lumbar fusion, status post lumbar laminectomy, lumbar radiculopathy and lumbar disc displacement. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications, TENS unit and activity restrictions. Currently, the injured worker complains of continued pain in the low back and bilateral lower extremities with associated difficulties sleeping and interference with physical and psychological activities. The injured worker reported an industrial injury in 1964, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 11, 2015, revealed no changes from previous visits. He continued to rate his pain at 8-9 on a 1/10 scale with 10 being the worst. He was using medications including Norco and Soma and a TENS unit for pain control. Evaluation on May 6, 2015, revealed continued pain noted to interfere with activities of daily living. The pain was rated at 9 on a 1/10 scale with 10 being the worst. Norco, Soma, a TENS unit, gym membership, facet injection with fluoroscopy, physical therapy, rhizotomy other medications and a back brace were noted as the planned course of treatment. Evaluation on June 3, 2015, revealed pain continuing to interfere and limit activities of daily living and work activities. Magnetic resonance imaging (MRI) of the lumbar spine revealed disk protrusions and surgical changes. He reported the pain was constant and persistent. He rated the pain at 9 on a 1/10 level with 10 being the worst. He was noted to be treating the pain with oral medications. It was noted he had 60-70% relief of pain and lower extremity

tingling with previous epidural steroid injection (ESI) in August 2014, however the pain was noted as severe and the radicular symptoms had returned within a few months following the injection. It was noted he had benefit from previous rhizotomy however there was no duration of improvement or objective measurement of improved pain levels with the previous rhizotomy. He reported requiring a cane to ambulate, worsened pain with activities and driving and being just barely able to get out of bed secondary to pain. The treatment plan was continued. Norco 7.5/325 #180, Soma 350mg #90, facet joint injection under fluoroscopy guidance and TENS unit supplies for one year were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year coverage for TENS (transcutaneous electrical nerve stimulation) unit supplies:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: Per California (CA) MTUS Chronic Pain Treatment Guidelines, TENS units are recommended for individuals with chronic pain lasting more than three months after appropriate treatment options have been tried and failed. The CA MTUS Guidelines also recommends ongoing objective documentation of functional improvements to continue the use of an optional treatment modality. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." It was noted in the documentation provided, the injured worker had been using a TENS unit for an unspecified amount of time with no functional improvement, continued severe pain rated at a 9 on a 1-10 scale with 10 being the worst for several visits and continued physical and psychological impairments secondary to pain. TENS unit supplies for one year is not medically necessary.

Fluoroscopy guided injection: Upheld

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

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

Decision rationale: According to the California (CA) MTUS Guidelines, for a fluoroscopic guided joint injection to be considered as a treatment option, radiculopathy documented on an objective physical exam must be included as well as supporting imaging studies and

continued pain unresponsive to conservative treatment. It was noted in the documentation he failed multiple conservative therapies and had over a 50% improvement in pain lasting for three months with previous injections however there was no objective evidence noting functional improvement and no pain scale noted during the three months following the previous injections. In addition, the request did not specify a location for the facet joint injection. Furthermore there was no documentation supporting a decrease need for pain medication during the therapeutic phase of the previous injection. For these reasons, the fluoroscopic joint injection is not medically necessary.

Norco 7.5/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids: 6) When to Discontinue Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. The request for Norco 7.5/325 #180 is not medically necessary.

Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

Decision rationale: Per the California (CA) MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with 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 for months and 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 pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The request for Soma 350 mg #90 is not medically necessary.