MAXIMUS Federal Services

Case Number:	CM15-0128906		
Date Assigned:	07/15/2015	Date of Injury:	08/22/1997
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: Anesthesiology

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 52 year old female who has reported low back pain after an injury on 8-22-97. The diagnoses include lumbago, failed back syndrome, degenerative disc disease, obesity, and knee arthritis. The treatments have included multiple spine surgeries, medications, physical therapy, a functional restoration program, and multiple forms of ambulatory aids. The records show use of a wheelchair for many years. At a psychiatric AME on 3/24/14 the injured worker reported minimal ability to perform any activity, even light activities of daily living. Her pain was "the worst imaginable" at the time of the evaluation. She reported multiple falls. An orthopedic AME on 3/10/14 reported ongoing leg pain, swelling, and weakness which caused her to use a wheelchair. He listed multiple orthopedic and medical diagnoses, including bilateral knee degenerative joint disease and severe venous stasis in the legs. He suggested that the high doses of opioids might contribute to her multiple symptoms. He did not make any recommendation for a wheelchair. Per the PR2 of 3-19-15, the current manual wheelchair is 15 years old and she will need a new wheelchair. There was ongoing low back pain, 9/10 reduced to 7/10 with medications. She is very limited in her ability to do activities of daily living or ambulate. If she walks for a prolonged period she requires a wheelchair. She walks for short distances with a single point cane. Getting out of her wheelchair is slow and guarded. Range of motion was limited and strength was 3/5 in the lower extremities. Work status was "off work". The treatment plan included Kadian, Morphine Sulfate IR, Flexeril, a consultation for spinal injections, a new wheelchair, and a urine drug screen. The urine drug screen result from that day

was positive for benzodiazepines, cotinine, and morphine. The test was negative for cyclobenzaprine. A PR2 of 5/21/15 reported similar findings. Unspecified "medications" were reported to allow her to do activities of daily living, although she was reported to use a wheelchair, walker, or cane for activities. A wheelchair was used for all outside activities. The treatment plan included all of the same items except for a urine drug screen. The last urine drug screen was reportedly "appropriate". These pain management reports do not discuss any of the specific indications for using the wheelchair or the multiple other orthopedic and medical conditions that are present. On 6/4/15 Utilization Review partially certified MSIR, certified Kadian, certified a consultation for spinal injections, non-certified Flexeril, and non-certified a wheelchair. The Utilization Review physician noted excessive doses of opioids and need for weaning. Flexeril had been prescribed out of accordance with the MTUS. There was a current wheelchair and an apparent lack of necessity for a new one. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Medication trials Page(s): 77-81, 94, 80, 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids. There is insufficient evidence of significant pain relief or increased function from the opioids used to date. Although the treating physician mentioned a slight reduction in pain from "medications", the records show an injured worker statement that her pain was the worst imaginable while she was taking opioids. Function is very poor, with the injured worker reporting near bedbound status to the AME, and very frequent use of a wheelchair. The prescribing physician describes this patient as "off work", which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Functional improvement, per the MTUS, consists of a significant improvement in work status or activities of daily living, and a decreasing dependency on medical care. The treating physician has not described specific increases in activities or work status as a result of taking opioids. Improvement over bedridden status is minimal or not very significant. There is no evidence of an improvement in work status. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The test in the records was performed at the

office visit, making it very unlikely to be random. Although the urine drug screen was not performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The test was reported to have "appropriate" results, yet it was negative for the prescribed cyclobenzaprine and positive for a benzodiazepine. This result was not discussed or apparently appreciated by the treating physician. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of 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. 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 prescribing muscle relaxants. As noted above in the discussion of opioids, the records show very poor function and high pain levels in spite of any ongoing medications. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The urine drug screen was negative for cyclobenzaprine, a fact not discussed by the treating physician. This negative result implies that the injured worker may not even be taking this medication, and at minimum the treating physician should have addressed this result in detail. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

Wheelchair- 20 inch, folding quickie, leg supports & push brakes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME) Durable medical equipment (DME).

Decision rationale: The MTUS does not address the indications for wheelchairs. The Official Disability Guidelines is cited above. The Low Back section does not have a relevant reference. The Hip chapter recommends "walking aids" for osteoarthritis. The Knee chapter recommends a

wheelchair for some knee conditions. The treating physician appears to be treating the back pain only, and has provided no specific indications for the wheelchair. Back pain does not generally require a wheelchair, and prolonged sitting is not beneficial for the low back. It is clear from reviewing the other records provided that this injured worker has multiple medical conditions which the treating physician has not listed or discussed. The injured worker has significant lower extremity conditions which may be the reason for using the wheelchair, although this cannot be stated with assurance and represents speculation by this reviewer. As it stands now, the treating physician has not provided an adequate evaluation of this injured worker's medical conditions and possible indications for a wheelchair. If there are conditions which require the use of a wheelchair, those conditions should be described along with specific indications for the wheelchair. If there are no specific indications for the wheelchair, the injured worker should not be using one, as immobility is detrimental. The sitting position is particularly detrimental for the "severe" venous stasis, for example. Based on the current information, the wheelchair is not medically necessary.