

Case Number:	CM15-0020240		
Date Assigned:	03/24/2015	Date of Injury:	10/01/2002
Decision Date:	05/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 44-year-old female who has reported the gradual onset of pain and other symptoms in the neck, upper extremities, and back attributed to usual office work activity, with a listed injury date of 10/01/2002. Recent diagnoses include degenerative disk disease, post laminectomy syndrome, low back pain with radiculopathy, and ptosis of the left eye. An internal medicine agreed medical examination (AME) in 2013 described a long history of gastrointestinal symptoms. She had been diagnosed with esophageal reflux and H. pylori infection. Future care should include treatment of esophageal reflux and gastrointestinal consultation. Treatment to date has included injections, cervical fusion, right shoulder surgery, carpal tunnel releases, re-do cervical spine surgery, injections for triggering of the middle finger, physical therapy, medications, acupuncture, and long term psychotherapy. She has not returned to work since 2002. Opioids have been prescribed for many years. Reports from the pain management physician during 2014-2015 reflect ongoing neck, extremity, and back pain. Medications included Norco, Percocet, Ambien, Robaxin, Valium, topical compounds, Neurontin, and Cymbalta. Medications were reported to provide reduced pain and unspecified functional improvement. Valium was stated to be for spasm. Home assistance was prescribed for help with light activities of daily living caused by pain. Heartburn was present and attributed to prior NSAIDs. None of the reports have a work status. On 9/8/14 pain and anxiety were worse. She had severe heartburn. A bone density scan was prescribed, with no indications listed. A gastrointestinal referral was prescribed for severe gastroesophageal reflux disease (GERD) caused by chronic non-steroidal anti-inflammatory agents (NSAIDs). A referral to a pain psychologist was prescribed. Biofeedback referral was prescribed based on a patient request. Per the report of 01/02/2015, there was continuing widespread pain that limited all daily activities. The report did not contain any significantly different information from prior reports. The

treatment plan contained the same prescriptions for medications and referrals. The report of 2/27/15 again had the same treatment plan and information. On 1/26/15 Utilization Review certified an orthopedic consultation, Dexilant, and psychological consultation. Norco was partially certified. Valium, a bone density scan, a gastrointestinal consultation, and a biofeedback consultation were non-certified. Opioids were noted to lack significant benefit. The non-certifications were based on lack of indications and lack of compliance with the MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 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. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Function is described as so poor that the injured worker requires home assistance to perform even light activities of daily living. Although the treating physician did not mention work status, other reports note the failure to return to work. This fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The MTUS recommends 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. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore 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.

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Muscle Relaxants, Benzodiazepines Page(s): 24, 66.

Decision rationale: The treating physician has not provided an account of the functional or

symptomatic benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. The MTUS does not recommend benzodiazepines as muscle relaxants, the presumed purpose in this case. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

Bone Density Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR); 2010. 14p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Screening for osteoporosis. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The treating physician has provided no indications for this test. The MTUS does not address this test. The UpToDate guideline cited above lists the risk factors for fractures and the indications for this kind of test, based on age and other medical conditions. Given the lack of any indications presented by the treating physician, the test is not medically necessary per the cited guideline.

Consultation with GI specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal Reflux disease (GERD), Ann Arbor (MI):University of Michigan Health System; 2012 May. 12p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Approach to refractory gastroesophageal reflux disease in adults. In UpToDate, edited by Ted W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Although the treating physician did not provide an adequate evaluation of any gastrointestinal condition, he referred to esophageal reflux (that had been evaluated and treated previously by other physicians). The agreed medical examination (AME) had performed a detailed evaluation of the condition and recommended gastrointestinal consultation as needed in the future. There is enough information in the medical records to support this referral. The Utilization Review is overturned, as the Utilization Review physician did not adequately consider the other relevant information in the medical records. The MTUS does not address this condition. The UpToDate guideline cited above discusses esophageal reflux and the various tests and treatments that would generally be performed by a gastrointestinal specialist. Therefore is not medically necessary.

Consultation for biofeedback: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Biofeedback Page(s): 24.

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of biofeedback as a component of a CBT program is an option, with results of treatment determined by functional improvement. Biofeedback as a stand-alone treatment is not recommended. No biofeedback visits are medically necessary, as there is no treatment plan which contains the necessary other components of psychotherapy as outlined in the MTUS. Therefore is not medically necessary.