

Case Number:	CM15-0021449		
Date Assigned:	03/10/2015	Date of Injury:	10/30/1992
Decision Date:	04/14/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 49-year-old male who has reported low back and lower extremity pain after an injury on 10/30/92. The diagnoses have included lumbar radiculopathy and lumbar spine stenosis. Treatment to date has included epidural injections at right L4, L5 and S1 on 3/8/13, chiropractic treatments and medications. The periodic reports from the primary treating physician during 2014 reflect ongoing back and leg pain, repeated mention of requested epidural steroid injections, gym membership, Norco, Voltaren, Capsaicin, Flexeril, CM4-Caps 0.5%+Cyclo 0.4%, and chiropractic for a flare-up. None of the reports addresses the specific functional benefit from opioids or the specific ingredients in the topical agent. Per the PR2 of 11/14/14, there was a pending request for epidural steroid injections. He has "cut back" on alcohol. The epidural steroid injections on 3/8/13 gave 90% relief for 2 weeks. Norco, Voltaren, and capsaicin were ongoing. Specific radicular signs were not present. The treatment plan included the epidural steroid injections, gym membership with a pool, chiropractic for a flare-up, continued Norco, Voltaren, Flexeril, and capsaicin. CM4-Caps 0.5%+Cyclo 0.4% was prescribed. There was no work status. As of the PR2 dated 1/16/15, there was increased low back pain and right leg pain. He has "cut back" on alcohol. Five chiropractic treatments gave temporary relief for 2-3 days. Nerve-root specific radicular signs were not present. The treatment plan included Norco 10/325mg #150 x 1 refill, transforaminal epidural steroid injection at L4, L5, S1 bilaterally, CM4-Caps 0.5%+Cyclo 0.4%, gym membership with pool access, chiropractic treatments 1 x week for 6 weeks and Flexeril 10mg #60 x 1 refill. There was no work status. On 1/6/15 Utilization Review non-certified a request for transforaminal epidural

steroid injections at L4, L5, and S1 bilaterally, CM4-Caps 0.5%+Cyclo 0.4%, gym membership with pool access, chiropractic treatments 1 x week for 6 weeks, and Flexeril 10mg #60 x 1 refill. Utilization Review partially certified Norco 10/325mg #150 x 1 refill to Norco 10/325mg #60 x 0 refills. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 no 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. Work status is not addressed and should be. The "return-to-work" criterion for opioids in the MTUS has not been fulfilled, and lack of a work status 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 performed according to quality criteria in the MTUS and other guidelines. The treating physician refers to ongoing alcohol use, which is contraindicated with opioids. 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.

Transforaminal ESI L4, L5 and S1 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by

objective testing. There were no MRI findings of nerve root compression. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Sufficient functional improvement did not occur after the last epidural steroid injection. The epidural injections are not medically necessary based on the MTUS indications, which are not met in this case.

CM4-Caps 0.05%+Cyclo 04% Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include capsaicin and cyclobenzaprine. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines states "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. The physician has also prescribed oral cyclobenzaprine, which is duplicative, unnecessary, and potentially toxic. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and redundant prescribing.

Gym membership with access to swimming pool: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines All therapies are focused on the goal of functional restoration ; Aquatic therapy; Physical Medicine; Exercise Page(s): 9; 22; 99; 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Knee chapter, Gym memberships.

Decision rationale: The MTUS recommends progression to home exercise after supervised active therapy. "Home "exercise is recommended, not a gym. The treating physician has provided no formal exercise program, no discussion of specific activities, which require attendance at the gym, no plan for monitoring of gym activities, and no duration was stated in the request. There are no medical reports, which provide a satisfactory explanation why a gym membership is necessary rather than exercise performed elsewhere. There are no necessary exercises for the back which can only be performed in the gym. The MTUS for Chronic Pain notes that aquatic therapy is recommended where reduced weight bearing is desirable, as with extreme obesity. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. Typical exercises, which might be beneficial for the low back, include walking and floor stabilization exercises, for which no specific equipment or a pool is needed. The treating physician has not described any specific indications for water exercise for this patient. Medical necessity, if any, is based on the requirement that this or any other patient must have access to specific exercise modalities only available in the gym. The ACOEM Guidelines, page 298, do not make any recommendation for gym memberships as treatment for low back conditions. Back-specific exercise machines are specifically "Not Recommended" in the ACOEM Guidelines page 309. The MTUS for chronic pain does not provide direction for using a gym, although it does state that no specific exercise is better than any other for chronic pain. A gym membership is not medically necessary unless there is a specific exercise which is medically necessary and which can only be performed in such a facility. A gym membership is not medically necessary based on lack of medical necessity per the available reports.

Chiropractic care 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. For "recurrences/flare-ups" an additional 1-2 visits every 4-6 months are an option if there is treatment success and return to work is achieved. The MTUS states that maintenance manipulation is not recommended. Care in this case is prescribed at each visit for the last 6 months, which implies maintenance care rather than care for flare-ups, which would occur infrequently and unpredictably. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed as a

starting point for therapy. No manual and manipulative therapy is medically necessary based on the lack of emphasis on functional restoration and a prescription, which does not meet the MTUS criteria for treating a flare-up.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants; cyclobenzaprine Page(s): 63-66; 41-42.

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. Prescribing has occurred consistently for the last 6 months. 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 function as a result of prescribing muscle relaxants. Function has remained the same for the last 6 months and work status was not addressed. 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. Oral and topical cyclobenzaprine were dispensed together, which is redundant and possibly toxic. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.