MAXIMUS Federal Services

Case Number:	CM15-0042661		
Date Assigned:	03/12/2015	Date of Injury:	05/10/1994
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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 66-year-old male, who sustained an industrial injury. The date of injury is listed as 05/10/1994 on the Utilization Review (UR) determination and Independent Medical Review (IMR) request but is listed as 02/07/2006 in the medical documentation submitted. He has reported subsequent low back pain and bilateral knee pain and was diagnosed with lumbar discogenic disease, chronic low back pain, status post lumbosacral fusion and status post knee replacement. Treatment to date has included oral medication, activity modification, physical therapy, home exercise program, and rest. Progress notes from August 2014 through January 2015 were submitted. Norco, soma, Oxycontin, Xanax, Restoril, and Colace have been prescribed since August 2014. MRI of the lumbar spine from 9/5/14 showed surgically fused L4-5 and L5-S1, neural foraminal stenosis with effacement of the right and encroachment of the left L2 nerve roots, neural foraminal stenosis with encroachment on the left and right L3 nerve roots and the right L4 nerve root, with segmental misalignment at L3-4 and L5-S1 in the current scan not seen previously. A urine drug screen from the same date as an 11/13/14 office visit was submitted. In a progress note dated 01/15/2015, the injured worker complained of 9/10 low back pain without medications and 5-6 with medications. Objective findings were notable for positive Lasegue sign and straight leg raise bilaterally, decreased sensation bilaterally at L5-S1, decreased range of motion and lumbar paravertebral spasm bilaterally. There were no gastrointestinal or psychological examination findings documented. The physician noted that the injured worker would be weaned off Xanax. Opioid contract and screening urinalysis were discussed. The physician also noted that the injured worker had failed conservative treatment with oral

medication, activity modification, physical therapy, and rest, and that lumbar epidural steroid injections were being recommended for radicular pain due to lumbar spinal stenosis. The physician documented a disability status of permanent and stationary. On 2/27/15, UR non-certified modified request for Oxycontin 40 mg #75 to #15, and Colace 100 mg #60 with 2 refills to Colace 100 mg #30 with 2 refills, and non-certified requests for Xanax 0.5 mg #60, bilateral lumbar epidural steroid injection L4-S1 (x2), and IF unit. UR cited the MTUS and other references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

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

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

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, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Oxycontin has been prescribed for at least 5 months. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was not addressed; the physician documented a disability status of permanent and stationary. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. 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." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. A urine drug screen submitted was performed on the date of an office visit, not randomly as recommended by the guidelines. As currently prescribed, Oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Xanax 0.5mg #60: 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 benzodiazepines p. 24, muscle relaxants p. 66 Page(s): p. 24, 66.

Decision rationale: Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The specific indication for Xanax was not discussed, but there was documentation of muscle spasm and no documentation of anxiety or sleep disorder. Xanax has been prescribed for at least 5 months without documentation of functional improvement as a result of its use. Due to lack of specific indication, guideline recommendation against use of benzodiazepines as muscle relaxants, duration of use in excess of the guidelines, and lack of functional improvement, the request for Xanax is not medically necessary.

Colace 100mg #60 with 2 refills: 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 initiating therapy [with opioids] Page(s): 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed.

Bilateral Lumbar Epidural Steroid Injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM, 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. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The guidelines stat that no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Repeat blocks should be based on continued objective documented pain and functional improvement. The documentation indicates the request was for bilateral lumbar epidural steroid injection L4-S1 (x2). There were insufficient physical finding consistent with radiculopathy. The physician documented decreased sensation at L5-S1 bilaterally but there was no documentation of motor weakness or loss of reflexes. The findings on MRI do not corroborate radiculopathy at all of the levels requested for injection and are not consistent with the physical examination findings. The MRI showed stenosis with effacement of the right L2 nerve root, encroachment of the left L2 nerve root, encroachment of the left and right L3 nerve roots and the right L4 nerve root. No electrodiagnostic studies were submitted. The request is for multiple levels and multiple injections, which is in excess of the guidelines. Due to lack of findings to support radiculopathy at all the levels requested, and number of injections in excess of the guidelines, the request for bilateral lumbar epidural steroid injections is not medically necessary.

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Per the MTUS, interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. There are no standardized protocols for the use of interferential stimulation. If certain criteria are met, a one-month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan, which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. In this case, there was no documentation of return to work. The duration of use was not specified. As such, the request for IF unit is not medically necessary.