

Case Number:	CM15-0082752		
Date Assigned:	05/05/2015	Date of Injury:	05/14/2008
Decision Date:	10/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 33 year old male who sustained an industrial injury on 5-14-08. The injured worker reported lower back pain with radiation to the lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for possible lumbar discogenic pain, bilateral lumbar facet pain and improved and stabilized lumbar discogenic and lumbosacral radicular pain status post epidural (4-15-14). Medical records dated 3-20-15 indicate low back radiating pain rated at 6 to 8 out of 10. Provider documentation dated 3-20-15 noted the work status as permanent and stationary. Treatment has included acupuncture treatment, physical therapy, radiographic studies, topicals, caudal epidural block, and nonsteroidal anti-inflammatory drugs, epidural steroid injection, medial nerve radiofrequency (12-1-09), status post fusion, electromyography (1-28-09) and a nerve conduction velocity study (1-28-09). Objective findings dated 3-20-15 were notable for tenderness at L4-S1, L4-L5, L5/S1 left greater than right, facet loading positive, thoracic and lumbar range of motion noted to be painful. The original utilization review (4-20-15) denied Norco 10-325 milligrams quantity of 90, Hysingla extended release 30 milligrams quantity of 30, acupuncture, physical therapy, diagnostic workup and a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Although there is subjective report of improvement in pain, documentation fails to demonstrate significant objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. With guidelines not being met and in the absence of significant response to treatment, the request for Norco 10/325 mg #90 is not medically necessary.

Hysingla ER 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hysingla (hydrocodone).

Decision rationale: Hysingla is an extended-release (ER) form of Hydrocodone that is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Hysingla is an FDA approved single-entity opioid analgesic hydrocodone bitartrate with abuse-deterrent properties that are expected to reduce, but not totally prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected. ODG does not recommend Hysingla (hydrocodone) for first-line use for treatment of acute or chronic non-malignant pain. Per guidelines, short-acting opioids are recommended prior to use of long-acting opioids. MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients

on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate significant objective improvement in level of function or pain with current opioid use. Furthermore, documentation supports that the injured worker is at low risk of addiction or aberrant behavior, with evidence of recent urine drug screen that is consistent with prescribed medications. The medical necessity for long acting opioid drug with abuse-deterrent properties has not been established. Per guidelines, the request for Hysingla ER 30 mg #30 is not medically necessary.

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Division of Worker's compensation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Documentation shows that the injured worker complains of chronic low back pain with no objective report of significant improvement in physical function with previous physical therapy and acupuncture. The medical necessity for additional manual therapy has not been established. The request for Acupuncture is not medically necessary based on the MTUS.

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for

medical management of lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. Documentation provided for review reveals that the injured worker has had previous physical therapy and acupuncture. Given that the injured worker has completed an initial course of physical therapy and there is no objective report of significant improvement in physical function or exceptional factors, medical necessity for additional physical therapy has not been established. Per guidelines, the request for physical therapy is not medically necessary.

Diagnostic workup: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to provide details regarding the specific diagnostic workup being requested. Regardless, physician report fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to establish the medical necessity for additional imaging. The request for diagnostic workup is not medically necessary per MTUS.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation supports that the injured worker is at low risk of addiction or aberrant behavior and there is documentation of recent urine drug screen that is consistent with prescribed medications. Per guidelines, the injured worker should be tested yearly thereafter. The request for urine drug test is not medically necessary.