

Case Number:	CM15-0091149		
Date Assigned:	05/18/2015	Date of Injury:	03/23/2000
Decision Date:	09/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female patient who sustained an industrial injury on 03/23/2000. A recent office visit dated 03/25/2015 reported the patient with subjective complaint of neck pain, and low back pain. The neck pain radiates down the bilateral upper extremities. The low back pain radiates down the bilateral lower extremities. She also has frequent and severe muscle spasms in the low back area. A magnetic resonance imaging study performed on 06/07/2014 revealed postoperative changes of L5-S1 laminectomies, posterior metallic stabilization with pedicular instrumentation and disc space placement. The left sided S1 pedicular screw traverses the anterior cortex. There is multilevel and mild lumbar spine spondylosis. Another MRI dated 05/13/2012 reported there is distention of the taloerual joint with fluid extending posteriorly; correlate with suspicion for synovitis and posterior impingement syndrome. MRI's of the shoulder's taken 06/02/2011 revealed right with moderate to marked degenerative changes at the AC joint with partial impingement; tendinosis without definite tear of the rotator cuff, and the left showed tendinosis without cuff tear, and mild degenerative changes. The following diagnoses are applied: cervical post laminectomy; cervical radiculopathy; lumbar post laminectomy syndrome; lumbar radiculopathy; status post fusion, lumbar; osteoarthritis ,left ankle, bilateral knees; anxiety; depression; medication related dyspepsia; vitamin D deficiency, and status post gastric bypass. She attempted Lyrica, but had weight gain. She also was attempting to try Biofreeze, and Carisprodol, but both were denied. The plan of care involved: a permanent transcutaneous nerve stimulator unit, home exercise program, myofascial release therapy, and follow up visit. An orthopedic visit dated 11/07/2014

reported no change in the subjective complaints. The treating diagnoses are: low back pain, status post lumbar spine fusion; status post anterior cervical discectomy and fusion; left shoulder pain; left hand/wrist, left hip, left knee pain; status post right knee arthroscopy, depression/anxiety, left ankle pain secondary to back pain which caused fall; left hip tendonitis/bursitis and right knee internal derangement. The plan of care noted the patient undergoing pain management follow up, pending an epidural injection authorization, internist referral, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 58.

Decision rationale: The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy; but as with therapeutic physical therapy for the low back, it is authorized as a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request is for greater than the number of visits necessary to determine treatment efficacy and there is no documentation of objective functional improvement. Aqua therapy 2 x 4 is not medically necessary.

Colace 100mg #90: 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 Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Colace 100mg #90 is not medically necessary.

Cyclobenzaprine 7.5mg #30: 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 Page(s): 64.

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for cyclobenzaprine has not been established. Cyclobenzaprine 7.5mg #30 is not medically necessary.

Vitamin D 2000 units #200: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vitamin D, Pain (Chronic).

Decision rationale: According the Official Disability Guidelines, vitamin D is not recommended for the treatment of chronic pain. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Vitamin D 2000 units #200 is not medically necessary.

Percocet 7.5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Percocet 7.5/325mg #30 is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600mg #60 is not medically necessary.

Capsaicin 0.025% cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Capsaicin 0.025% cream #2 is not medically necessary.

TENS unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary.

Myofascial release therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. Myofascial release therapy 2 x 4 is not medically necessary.