MAXIMUS Federal Services

Case Number:	CM15-0098275		
Date Assigned:	05/29/2015	Date of Injury:	03/16/1995
Decision Date:	09/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/21/2015

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: Physical Medicine & Rehabilitation

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 who sustained an industrial injury on March 16, 1995. She has reported neck pain that radiated down bilateral upper extremities and fingers and low back pain and has been diagnosed with lumbar radiculitis, headaches unclassified, ongoing complex regional pain syndrome bilateral upper extremities, complex regional pain syndrome, right lower extremity, chronic pain other, and status post shoulder surgery. Treatment has included medications, a home exercise program, injection, and pool therapy. There was spasm noted in the paraspinous musculature. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Tenderness was identified upon deep palpation overlying the right iliac crest corresponding to the medial superior cluneal nerve distribution. Pain was significantly increased with flexion and extension. There was tenderness noted on palpation at the left upper extremity. The range of motion was decreased due to pain. The treatment request included medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 10 G #474: Overturned

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 Criteria for use of Opioids under Initiating Therapy Page(s): 77.

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for Lactulose 10 G #474. The RFA is dated 05/08/15. Treatment has included medications, a home exercise program, injection, and pool therapy. The patient is not working. MTUS page 77 Criteria for use of Opioids under Initiating Therapy states, "(d) Prophylactic treatment of constipation should be initiated". It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." MTUS supports prophylactic treatment of opioid-induced constipation. Such medications are appropriate interventions for those undergoing long-term opiate use. The patient has been on an opiate regimen since at least 2014 and as stated in report 04/27/15 "patient also reports constipation is severe". Given the patient has been utilizing Hydrocodone on a long term basis, the request is reasonable and is medically necessary.

Tizanidine 4 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for Tizanidine 4 MG #90. The RFA is dated 05/08/15. Treatment has included medications, a home exercise program, injection, and pool therapy. The patient is not working. MTUS Chronic Pain Guidelines pg. 66 under Antispasticity/Antispasmodic Drugs states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" According to progress report 04/27/15, this patient presents with neck and low back pain that radiates into the upper and lower extremities. The treater recommended that the patient continue with Tizanidine. The patient has been prescribed this medication since 09/03/14. The patient states that pain is rated 6/10 with medication and 10/10 without medication. With the use of medications the patient can brush teeth, wash hair and walk around the neighborhood. The MTUS guidelines support the usage of Tizanidine for the treatment of myofascial pain and muscle spasms and given the documentation of medication efficacy, continuation of this medication has been substantiated. The request is medically necessary.

Gabapentin 600 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for Gabapentin 600 MG #90. The RFA is dated 05/08/15. Treatment has included medications, a home exercise program, injection, and pool therapy. The patient is not working. MTUS has the following regarding Gabapentin on pg. 18, 19, Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." According to progress report 04/27/15, this patient presents with neck and low back pain that radiates into the upper and lower extremities. The treater requests a refill of Gabapentin. The patient has been using this medication since at least 01/15/15. Pain is rated 6/10 with medication and 10/10 without medication. With the use of medications the patient can brush teeth, wash hair and walk around the neighborhood. Patient reports that Gabapentin specifically provides "40% relief from neuropathic pain". Given the patient's symptoms and documentation regarding medication efficacy, the requested refill of Gabapentin is medically necessary.

Nucynta ER 100 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for Nucynta ER 100 MG #60. The RFA is dated 05/08/15. Treatment has included medications, a home exercise program, injection, and pool therapy. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 04/27/15, this patient presents with neck and low back pain that radiates into the upper and lower extremities. The treater has requested a refill of medications. The patient has been utilizing this medication since at least 09/03/14. The patient reports pain is rated 6/10 with

medication and 10/10 without medication. With the use of medications the patient can brush teeth, wash hair and walk around the neighborhood. The patient also reports "her quality of life has been improved". Random UDS are administered and CURES report was obtained last on 11/10/14. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.

Hydrocodone/APAP 7.5/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for Hydrocodone/APAP 7.5/325 MG #120. The RFA is dated 05/08/15. Treatment has included medications, a home exercise program, injection, and pool therapy. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 04/27/15, this patient presents with neck and low back pain that radiates into the upper and lower extremities. The treater has requested a refill of medications. The patient has been utilizing this medication since at least 09/03/14. The patient reports pain is rated 6/10 with medication and 10/10 without medication. With the use of medications the patient can brush teeth, wash hair and walk around the neighborhood. The patient also reports "her quality of life has been improved". Random UDS are administered and CURES report was obtained last on 11/10/14. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.

8 Aquatic Therapy Sessions: Upheld

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

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

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The current request is for 8 Aquatic Therapy Sessions. The RFA is dated 05/08/15. Treatment has included medications, a home exercise program, injection, and

pool therapy. The patient is not working. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." (Tomas-Carus, 2007) MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine "Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." According to progress report 04/27/15, this patient presents with neck and low back pain that radiates into the upper and lower extremities. The treater has requested 8 aqua therapy sessions. Review of RFA dated 05/12/15, notes that the request is for "Aqua therapy for bilateral upper extremities". In this case, weight bearing restrictions or extreme obesity is not indicated, as required by MTUS for aqua therapy. This request is not medically necessary.