MAXIMUS Federal Services

Case Number:	CM14-0143388		
Date Assigned:	09/10/2014	Date of Injury:	02/18/2012
Decision Date:	10/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male who reported injury on 02/18/2012. The mechanism of injury was not specified. The diagnoses included lumbosac spondylosis, displacement lumbar disc, thoracic/lumbosacral radiculitis, major depressive disorder, post laminectomy syndrome and degenerative disc disease of the lumbar/lumbosac intervertebral disc. Past treatments surgeries, medications and physical therapy. Diagnostic test included an x-ray of the lumbar region that revealed status post lumbar fusion, an x-ray on 07/28/2014 revealed status post posterior lumbar interbody fusion with a cage with solid fusion and posterior pedicale screws; a CT scan of the lumbar spine on 07/22/2014 did not provide results. The injured worker is status post L5-S1 grade ll isthmic spondylolisthesis with foraminal stenosis on 01/28/2014. On 07/29/2014 the injured worker complained of 7/10 pain in his low back that radiated to his mid back and neck, as well as joint pain, thoracic spine and cervical spine pain. The injured worker described his pain as constant, aching, burning, stabbing, sharp, throbbing, electrical, shooting, tingling, knifelike, jabbing, cramping, deep, pressure, moderate and gradual. The pain was increased during activity, cold weather, rest, bending, lifting, sitting, standing, turning, twisting, with movement, with ice, with home exercise and physical therapy. The injured worker indicated he used a TENS unit which did not help. The physical exam findings included the thoracic region was normal without tenderness, his lumbar extension and flexion was decreased with pain, he had tenderness over his bilateral lumbar muscles, lumbar facets and thoracic facets. He had bilateral negative straight leg raise, and his sensory to light touch was intact and symmetrical. The right, and left upper extremities were normal with painless range of motion and right and left lower extremities with abnormal range of motion. The documentation indicated Gabapentin did not help to alleviate the injured worker's nerve pain. Medications included Hydrocodone 10/325mg, Oxycodone 5mg for pain, Lidoderm 5% for pain and Flexeril 10mg.

The treatment plan and rationale for the request indicated aquatic therapy for strengthening and mobilization, to continue medications Oxycodone 5mg for pain, Lidoderm 5% for pain, Flexeril 10mg for muscle spasms and to return in 1 month for follow up. The request for authorization for aquatic therapy, Oxycodone 5mg #120, Lidoderm 5% #30, Flexeril 10mg #90 form was provided on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Physical Therapy: Upheld

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

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

Decision rationale: The request for aquatic therapy is not medically necessary. The injured worker has a history of low back pain and back surgery. The California MTUS guidelines note aquatic therapy is 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. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The injured worker complained of low back pain that radiates to his mid back and neck and a physical exam that indicated his lumbar extension and flexion was decreased with pain, he had tenderness over his bilateral lumbar muscles and lumbar facets and thoracic facets. Although he was provided physical therapy after surgery, it was noted prior physical therapy caused his pain to increase; therefore the physician recommended aquatic therapy. The guidelines state aquatic therapy is an alternative to land-based physical therapy. Within the documentation the requesting physician did not provide an adequate and complete assessment of the injured worker's condition which demonstrated the injured worker has significant objective functional deficits. The submitted request does not indicate the site at which the aquatic therapy is to be performed as well as the number of visits being requested. Therefore the request is not supported. As such, the request for aquatic therapy is not medically necessary.

Oxycodone 5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for Oxycodone 5mg with a quantity of 120 is not medically necessary. The injured worker has a history of low back pain and back surgery. The California MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has

failed a trial of non-opioid analgesics. The guidelines recommend performing baseline pain and functional assessments. The function assessment should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least one physical and psychosocial assessment by the treating doctor, and a possible second opinion by a specialist, to assess whether a trial of opioids should occur. There is a lack of documentation indicating Norco failed to relieve the injured worker's pain and improve his function. Additionally, there was no documentation or evidence provided in regard to aberrant medication-taking behavior with prior medication usage. The requesting physician's rationale for changing the injured worker's medication regimen is not indicated within the provided documentation. In addition, the frequency, was not provided in the request. As such, the request for Oxycodone 5mg with a quantity of 120 is not medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The request for Flexeril 10mg with a quantity of 90 is not medically necessary. The injured worker has a history of low back pain and back surgery. The California MTUS guidelines state the use of muscle relaxants is recommended for a short course of therapy. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Limited, mixed-evidence does not allow for a recommendation for chronic use. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complained of low back pain that radiates to his mid back and neck and a physical exam that indicated, his lumbar extension and flexion was decreased with pain, he had tenderness over his bilateral lumbar muscles and lumbar facets and thoracic facets. Within the provided documentation, there is no indication that the injured worker has significant muscle spasms. In addition, the frequency, was not provided in the request. As such, the request for Flexeril 10mg with a quantity of 90 is not medically necessary.

Lidoderm Patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm patch 5% with a quantity of 30 is not medically necessary. The injured worker has a history of low back pain and back surgery. The California

MTUS guidelines state that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy of tri-cyclic, anti-depressants, gabapentin or Lyrica. The injured worker complained of low back pain that radiates to his mid back and neck and a physical exam that indicated, his lumbar extension and flexion was decreased with pain, he had tenderness over his bilateral lumbar muscles, lumbar facets and thoracic facets. The documentation indicated Gabapentin did not help to alleviate the injured worker's nerve pain. However, there was no indication of a failed trial of antidepressants as well as the lack of documentation of his current medication and their benefit. In addition, the frequency, was not provided in the request. As such, the request for Lidoderm patch 5% with a quantity of 30 is medically not necessary.