

Case Number:	CM13-0012897		
Date Assigned:	03/26/2014	Date of Injury:	04/05/2006
Decision Date:	04/25/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 California. 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 patient is a 72 year-old male who was injured on 04/05/2006 when he fell from 13 flights while going downstairs. Prior treatment history includes percutaneous epidural placement of 2 spinal cord stimulation leads, each lead with 8 electrodes for coverage of the back and lower extremities; Lumbar MBB L3-L4 bilateral on 08/27/2012, Caudal ESI w/cath on 04/06/2012 and a lumbar facet joint injection L3-L4 bilateral on 04/08/2011, and surgeries and medications. Urine Toxicology Screen dated 08/28/2013 had positive detection for OPI, TCA, and Oxy. PR2 dated 08/28/2013 documented the patient to have complaints of lower backache. His pain level has increased since the last visit. His activity level has remained the same. He reported taking his medications as prescribed. He stated his medications are working well. Objective findings revealed loss of normal lordosis with straightening of the lumbar spine and surgical scar. His range of motion is restricted with flexion limited to 47 degrees limited by pain, extension limited to 10 degrees which is limited by pain; right lateral bending limited to 10 degrees limited by pain; and left lateral bending limited to 10 degrees limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. The patient can walk on heels, can walk on toes. His lumbar facet loading is positive on both the sides. His straight leg raising test is negative; ankle jerk is $\hat{A}^{1/4}$ on both the sides; patellar jerk is $2/4$ on both the sides. There is tenderness noted over the sacroiliac spine over bilateral facet joints at L2-L3 and L3 paraspinals. The motor test is limited by pain; motor strength of EHL is 5/5 on the right and 5-/5 on the left, ankle dorsi flexors is 4/5 bilaterally; ankle plantar flexors are 5/5 on the right and 5-/5 on the left; knee extensors are 5-/5 bilaterally; knee flexors are 5-/5 bilaterally; hip flexors are 5/5 bilaterally. Sensory examination revealed light touch sensation is decreased over the lateral foot and lateral calf on both the sides. There is no involuntary movement noted. The patient was diagnosed with post lumbar laminect syndrome, disc disorder lumbar and lumbar radiculopathy.

PR2 dated 07/17/2013 indicated the patient's pain level has remained unchanged since last visit. His quality of sleep is fair. His activity level has increased and he is taking his medications as prescribed. His medications are working well with no side effects reported. His pain level without medication is 8/10 and with medications is 4/10. With medications, the patient is able to walk, do chores, and performed ADLs. His lab work dated 07/2013 revealed elevated kidney function tests. Objective findings revealed loss of normal lordosis with straightening of the lumbar spine and surgical scar. His range of motion is restricted with flexion limited to 50 degrees limited by pain, extension limited to 10 degrees which is limited by pain; right lateral bending limited to 10 degrees limited by pain; and left lateral bending limited to 10 degrees limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. The patient can walk on heels, can walk on toes. His lumbar facet loading is positive on both the sides. His straight leg raising test is negative; ankle jerk is 1/4 on both the sides; patellar jerk is 2/4 on both the sides. There is tenderness noted over the sacroiliac spine over bilateral facet joints at L2-L3 and L3 paraspinals. The motor test is limited by pain; motor strength of EHL is 5/5 on the right and 5-/5 on the left, ankle dorsi flexors is 4/5 bilaterally; ankle plantar flexors are 5/5 on the right and 5-/5 on the left; knee extensors are 5-/5 bilaterally; knee flexors are 5-/5 bilaterally; hip flexors are 5/5 bilaterally. Sensory examination revealed light touch sensation is decreased over the lateral foot and lateral calf on both the sides. There is no involuntary movement noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 10-325MG: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, Hydrocodone is recommended for moderate to moderately severe pain. The medication request is incomplete, it includes the dosage but does not document the frequency or number of tablets. The records fail to establish the opiate use would not exceed the maximum daily MED of 120 mg, per the CA MTUS guidelines. According to the 8/28/2013 medical report, the patient complains of increased pain. The medical records do not establish the patient has obtained clinically significant improved function and reduction in pain as result medication use. Consequently, without evidence establishing the medication regimen is beneficial, continued opiate use would not be recommended. Furthermore, the records documents lab work reveals elevated kidney function tests. Given these factors, Hydrocodone would not be certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

CYMBALTA 60MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: According to the guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Review of the medical records does not reveal the patient has any of these diagnoses. There is no high quality evidence to support the use of this medication for lumbar radiculopathy. The medical records do not establish the patient has benefited with use of this medication. There is no documented subjective improvement in pain and function, or improved objective findings demonstrated on examination. The guidelines note that withdrawal effects can be severe, so abrupt discontinuation should be avoided and tapering is recommended before discontinuation. Therefore, recommendation is that the request for Cymbalta be non-certified.

CYCLOENZAPRINE 10MG: 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 Page(s): 63-64.

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records indicate the patient's medication regimen includes chronic use of cyclobenzaprine, which is not recommended under the guidelines. Cyclobenzaprine is recommended for a short course of therapy. In absence of clear evidence of presentation of an acute exacerbation, and having not responded to first-line treatment, the use of cyclobenzaprine is not recommended.

OPANA ER 30MG: Upheld

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

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

Decision rationale: Request is submitted for Opana ER however there is no documentation of the quantity of the medication. It is likely that the dosage and frequency of his opiate medications would exceed the maximum accepted MED of 120 mg. Opana is a highly potent opiate indicated for patient's that require around the clock pain management. It is not indicated for prn use. In this case, records review indicates that this patient has chronic lower back pain and has been prescribed opiates chronically. The medical records do not document pain level

with and without medications, use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. The guidelines state opiates should continue if patient has improved functioning and pain, which has not been demonstrated in this case. According to the 8/28/2013 medical report, the patient reports that his pain level has increased since the last visit. It is not established that Opana has increased function and improved pain level. Furthermore, lab studies obtained in 07/2013 revealed elevated kidney function tests. Continued opiate use may impair kidney function, and should be discontinued, through slow tapering/weaning. It is not established that Opana has increased function and improved pain level, consequently, continued Opana is not recommended under the guidelines.