

Case Number:	CM13-0021792		
Date Assigned:	11/13/2013	Date of Injury:	09/03/1998
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 61-year-old male who reported an injury on 09/03/1998. The patient is noted to have undergone multiple surgeries including an ACDF from C4 to C7 in 2004, a C4-5 posterior cervical fusion in 2007, lumbar laminectomy at L4-5 x2, anterior and posterior lumbar decompression and fusion at L4-5 in 2002, removal of hardware with exploration of the lumbar fusion at L4-5 in 2006, spinal cord stimulator trial which was reported to be failed. The patient was noted to have treated extensively with physical therapy, lumbar epidural steroid injections, and trigger point injections along with use of medications. The patient is noted to have been diagnosed with postlaminectomy syndrome of the lumbar and cervical spine. He is reported to complain of pain throughout the cervical spine with radiation into both upper extremities as well as into the thoracic spine region along with low back pain with radicular pain down both lower extremities anteriorly and posteriorly to the feet. He is noted to have been treating Fentanyl patches 75 mcg every 2 days along with Oxycodone 10 mg approximately 4 times a day as needed which he was tolerating well and is reported to be achieving adequate pain control allowing him to perform basic daily functions and minimal exercise. He reported his pain was 8/10 with the use of his medications and without the use of medication his pain was 10/10. On 08/01/2013, the patient was seen by [REDACTED] and is reported to have undergone x-rays on 07/03/2013 of the cervical spine which noted straightening of the normal cervical lordotic curve. The previous fusion was noted from C4 to C7 with an anterior plate fixation at C3-4 with no segmental instability noted on flexion and extension views. The patient is reported at that time to have difficulty with significant pain especially in his neck and upper extremities which had been progressively worsened. He is reported to have undergone cervical epidural steroid injections approximately 2 years p

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with five (5) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain, Zolpidem

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

Decision rationale: The patient is a 61-year-old male who reported an injury to his low back and cervical spine on 09/03/1998. He is reported to have undergone multiple surgeries to his cervical and lumbar spine and to continue to have complaints of ongoing low back pain with radiation of pain to the bilateral lower extremities and cervical spine pain with radiation to the upper extremities which is reported to have been progressing. He is noted to complain of inability to fall asleep and stay asleep due to positional pain and had been prescribed Ambien 10 mg for treatment of his pain. The patient is noted to have been utilizing Ambien on a long-term basis. The California MTUS Guidelines do not address the request. The Official Disability Guidelines recommend the use of Ambien, a short acting non-benzodiazepine hypnotic for treatment of insomnia for short-term use, usually 2 to 6 weeks. As the patient is noted to have been utilizing Ambien on an ongoing long-term basis, the prescription for Ambien 10 mg with 5 refills does not meet guideline recommendations. Based on the above, the request for Ambien 10 mg #30 with five (5) refills is non-certified.

A cervical epidural steroid injection under fluoroscopy:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The patient is a 61-year-old male who reported an injury to his cervical spine and lumbar spine in 1998. He is noted to have undergone multiple cervical surgeries and is diagnosed with postlaminectomy syndrome. He is reported to complain of significantly worsening cervical pain with radiation of pain to the bilateral upper extremities. The California MTUS Guidelines state that epidural steroid injections are recommended for treatment of radiculopathy that is documented by objective physical exam findings of neurological deficits and corroborated by imaging study and/or electrodiagnostic testing and notes that repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with reduction of medication use for 6 to 8 weeks. As the patient is noted to complain of cervical pain with radiation of pain to the bilateral upper extremities; however, on physical examination the patient is not noted to have any neurological deficits and

no imaging studies were submitted to support findings of neurological impingement. In addition, he is reported to have undergone previous cervical epidural steroid injections and there is no documentation of pain and functional improvement with at least 50% pain relief and reduction of pain medication use for 6 to 8 weeks. As such, the request for cervical epidural steroid injections does not meet guideline recommendations. Based on the above, the request for cervical epidural steroid injection under fluoroscopy is non-certified.

Fentanyl patch 75mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section, Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The patient is a 61-year-old male who reported an injury to his cervical and low back in 1998. The patient is noted to have undergone multiple surgeries to both the cervical and low back and is noted to have been diagnosed with postlaminectomy syndrome of the cervical and lumbar. He is reported to have undergone a spinal cord stimulator trial which was a failure. He is noted to continue to utilize Fentanyl patches 75 mcg every 48 hours and Oxycodone 4 times a day for treatment of his pain. He reports his pain with medication 8/10 to 9/10 and without medication above 10/10. The California MTUS Guidelines state there should be documentation of functional improvement and improved quality of life and reports of decreased pain with use of opioid medications. As the patient's opioid medications are noted to only decrease his pain to 8/10 to 9/10 and there is no documentation of significant functional improvement or improved quality of life with the use of the Fentanyl, the continued use of Fentanyl is not indicated. In addition, the guidelines recommend no more than 120 morphine equivalent doses per day and notes that for patients taking more than 1 opioid the morphine equivalent dose of the different opioids must be added together to determine a cumulative dose. As the patient is noted to be utilizing not only Fentanyl 75 mcg/hr patches but also Oxycodone 10 mg 4 times a day which is calculated at 240 morphine equivalence per day which far exceeds guideline recommendations. Based on the above, the request for Fentanyl patches 75 mcg does not meet guideline recommendations. As such, the request for Fentanyl patch 75 mcg #15 is non-certified.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The patient is a 61-year-old male who reported an injury to his cervical and low back in 1998. The patient is noted to have undergone multiple surgeries to both the cervical and lumbar spine and is noted to have been diagnosed with postlaminectomy syndrome of the

cervical and lumbar spine. He is reported to have undergone a spinal cord stimulator trial that failed. He is noted to continue to utilize Fentanyl 75 mcg every 48 hours and Oxycodone 10 mg up to 4 times a day for control of his pain. He is reported to state that with the pain medications his pain is 8/10 to 9/10 which allowed him to be barely functional and without medications his pain was greater than 10/10 and he would be bed bound. He is reported to have undergone a lumbar epidural steroid injection in 03/2013 which was reported to have given him some pain relief. The California MTUS Guidelines recommend there should be ongoing documentation of improvement in functional status and quality of life with the use of medications. As the patient is noted to have only minimal improvement in pain relief, ability to perform activities of daily living and no documentation of improved quality of life with the use of the Oxycodone, the requested Oxycodone does not meet guideline recommendations. In addition, as the patient also using Fentanyl 75 mcg and Oxycodone 10 mg 4 times a day, the patient's morphine equivalence per day is 240 which exceeds guideline recommendations of 120 per day. Based on the above, the request for Oxycodone 10 mg #120 is non-certified.

Senna, dosage unknown, #90 with five (5) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The patient is a 61-year-old male who reported an injury to his cervical and lumbar spine in 1998. The patient is noted to have undergone multiple surgeries to both the cervical and lumbar spine and is noted to have been diagnosed with postlaminectomy syndrome of the cervical and lumbar spine. The patient is noted to be treating for pain with both Fentanyl 75 mcg patches every 2 days and Oxycodone 10 mg 4 times a day. The patient is noted have minimal activities during the day. The California MTUS Guidelines recommend prophylactic use of laxatives for prevention of constipation while patients are taking narcotic analgesics. However, as the patient's narcotic analgesics are not indicated, the need for Senna for constipation is not indicated. Based on the above, the request for Senna, dosage unknown, #90 with five (5) refills is non-certified.