

Case Number:	CM13-0034713		
Date Assigned:	02/28/2014	Date of Injury:	01/07/1999
Decision Date:	11/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 49 year old male who was injured at work on 01/07/ 1999. The worker is reported to be complaining of pain and insomnia. The pain is 10/10 without medications, but 9/10 with medications. He has been taking the Dilaudid 8mg about eight times a day rather than the prescribed three times a day; and the Soma six times daily rather than three times daily, because the prescribed doses do not control his pain. The physical examination revealed limited range of movement of the lumbar spine, positive straight leg raise, exaggerated sensations in the L5 dermatome. The injured worker has been diagnosed of thoracic spine sprain/strain, chronic severe low back pain status post L4 -L5 and L5- S1 Lumbar laminectomy March 2001 followed by Anterior- Posterior Fusion in December 2004, Lumbar radiculopathy L5 radiculopathy per electrodiagnostic testing on November 16, 1999, Status post implant and subsequent explant of intrathecal pump in 2010, Status post implant and explant in 2011 , History of hardware removal, Degenerative scoliosis, Chronic pain syndrome. Previous treatments include intrathecal pump implant, lumbar laminectomy and discectomy in 3/2001, anterior posterior lumbar fusion in 2004, removal of hardware in 2008, intrathecal pump in 2010, Spinal Cord Stimulator implant in 2011, Lumbar Epidural steroid injections , facet injections and radiofrequency ablations, aqua therapy and chiropractic care, MS Contin, Roxicodone, Oxycontin. At dispute are the requests for Dilaudid 8mg #240; Soma 350mg #90; Xanax 1mg #60; 24 Aqua therapy Treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #240: 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): 80, 86.

Decision rationale: The injured worker sustained a work related injury on 01/07/ 1999. The medical records provided indicate the diagnosis of thoracic spine sprain/strain, chronic severe low back pain status post L4 -L5 and L5- S1 Lumbar laminectomy March 2001 followed by Anterior- Posterior Fusion in December 2004, Lumbar radiculopathy L5 radiculopathy per electro diagnostic testing on November 16 1999, Status post implant and subsequent explant of intrathecal pump in 2010, Status post implant and explant in 2011 , history of hardware removal, Degenerative scoliosis, Chronic pain syndrome. Previous treatments include intrathecal pump implant, lumbar laminectomy and discectomy in 3/2001, anterior posterior lumbar fusion in 2004, removal of hardware in 2008, intrathecal pump in 2010, Spinal Cord Stimulator implant in 2011, Lumbar Epidural steroid injections, facet injections and radiofrequency ablations, aqua therapy and chiropractic care, MS Contin, Roxicodone, Oxycontin The medical records provided for review do not indicate a medical necessity for prescription of Dilaudid 8MG #240 . The medical records indicate the injured worker had been on Dilaudid before July 2013, which means he had used it for at least eight weeks. The records also revealed he had been using other opioids before July 2013. Therefore, the prescription of 30 day supply would exceed the guidelines recommendation of MTUS of 16 weeks for opioid treatment of chronic pain; furthermore, the prescribed dose amounts to daily morphine equivalent of 256. This amount exceeds the 120 MED recommended by the MTUS. The requested treatment is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: The injured worker sustained a work related injury on 01/07/ 1999. The medical records provided indicate the diagnosis of thoracic spine sprain/strain, chronic severe low back pain status post L4 -L5 and L5- S1 Lumbar laminectomy March 2001 followed by Anterior- Posterior Fusion in December 2004, Lumbar radiculopathy L5 radiculopathy per electro diagnostic testing on November 16 1999, Status post implant and subsequent explant of intrathecal pump in 2010, Status post implant and explant in 2011 , history of hardware removal, Degenerative scoliosis, Chronic pain syndrome. Previous treatments include intrathecal pump implant, lumbar laminectomy and discectomy in 3/2001, anterior posterior lumbar fusion in 2004, removal of hardware in 2008, intrathecal pump in 2010, Spinal Cord Stimulator implant in 2011, Lumbar Epidural steroid injections, facet injections and radiofrequency ablations, aqua therapy and chiropractic care, MS Contin, Roxicodone, Oxycontin The medical records provided

for review do not indicate a medical necessity for Soma 350MG #90. Although the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for 2 to 3 weeks for the treatment of acute exacerbations in patients with chronic LBP (low back pain), the records indicate the injured worker has used this medication for at least two months. Therefore, the requested treatment is not medically necessary.

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 01/07/ 1999. The medical records provided indicate the diagnosis of thoracic spine sprain/strain, chronic severe low back pain status post L4 -L5 and L5- S1 Lumbar laminectomy March 2001 followed by Anterior- Posterior Fusion in December 2004, Lumbar radiculopathy L5 radiculopathy per electro diagnostic testing on November 16 1999, Status post implant and subsequent explant of intrathecal pump in 2010, Status post implant and explant in 2011 , history of hardware removal, Degenerative scoliosis, Chronic pain syndrome. Previous treatments include intrathecal pump implant, lumbar laminectomy and discectomy in 3/2001, anterior posterior lumbar fusion in 2004, removal of hardware in 2008, intrathecal pump in 2010, Spinal Cord Stimulator implant in 2011, Lumbar Epidural steroid injections, facet injections and radiofrequency ablations, aqua therapy and chiropractic care, MS Contin, Roxicodone, Oxycontin The medical records provided for review do not indicate a medical necessity for Prescription of Xanax 1MG #60. Xanax (alprazolam) belongs to a group of drugs called benzodiazepines. The MTUS recommends against the use of benzodiazepines for more than 4 weeks, but the injured worker has used it for at least two months. There requested treatment is not medically necessary.

24 Aquatic Therapy Treatments: 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 Physical Medicine Page(s): 22, 98-99.

Decision rationale: The injured worker sustained a work related injury on 01/07/ 1999. The medical records provided indicate the diagnosis of thoracic spine sprain/strain, chronic severe low back pain status post L4 -L5 and L5- S1 Lumbar laminectomy March 2001 followed by Anterior- Posterior Fusion in December 2004, Lumbar radiculopathy L5 radiculopathy per electro diagnostic testing on November 16 1999, Status post implant and subsequent explant of intrathecal pump in 2010, Status post implant and explant in 2011 , history of hardware removal, Degenerative scoliosis, Chronic pain syndrome. Previous treatments include intrathecal pump implant, lumbar laminectomy and discectomy in 3/2001, anterior posterior lumbar fusion in

2004, removal of hardware in 2008, intrathecal pump in 2010, Spinal Cord Stimulator implant in 2011, Lumbar Epidural steroid injections, facet injections and radiofrequency ablations, aqua therapy and chiropractic care, MS Contin, Roxicodone, Oxycontin The medical records provided for review do not indicate a medical necessity for 24 aqua therapy treatments. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land based physical therapy. The MTUS recommends for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active Self-directed home Physical Medicine. The records indicate the injured worker has had previous aquatic therapy, and this request was for additional 24 sessions. The requested treatment is not medically necessary.