

Case Number:	CM13-0053877		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2007
Decision Date:	03/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 12, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; extensive periods of time off work, on total temporary disability; a cane; and MRI imaging of the lumbar spine of February 12, 2010, notable for low-grade disc desiccation at L3-L4 and L4-L5 without evidence of any significant spinal stenosis or focal disc herniation. It is noted that the applicant has filed a derivative claim for psychological stress and may, in part, be off work owing to mental health issues as opposed to medical issues alone. The applicant's case and care have apparently been complicated by comorbid diabetes and knee arthritis. In a utilization review report of November 8, 2013, the claims administrator denied a request for a lumbar MRI, denied a request for a surgical evaluation, denied a request for Senna, denied a request for Prilosec, denied a request for MS Contin, denied a request for Dilaudid, denied a request for Ambien, denied a request for Cymbalta, denied a request for Prozac, and denied a request for Zanaflex. A follow-up visit and exercise were reportedly certified. The applicant's attorney subsequently appealed. A later note of January 17, 2014 is notable for comments that the applicant is off work, on total temporary disability owing to issues related to depression. The applicant states that she cannot work. She now believes that she cannot work owing to heightened complaints of low back pain. She states that she has improved her coping skills. In an office visit of January 13, 2014, the applicant is described as stable on her current medications which she states improve her pain, sleep, and depression. She is reportedly tolerating the same. She is helping her son attend middle school, she states. She is driving herself to and from employments. She uses a cane. She reports pain

ranging from 7/10 to 9/10. She is able to do grooming independently. Multiple medications are refilled. The applicant has been deemed "disabled." An earlier note of September 5, 2013 is notable for comments that the applicant reports persistent low back pain radiating into the right lower extremity. A repeat lumbar MRI is sought, along with a surgical evaluation. The applicant is again described as disabled but living independently and caring for her 12-year-old son. She stands 5 feet 9 inches tall and weighs 260 pounds. She has a fluid and steady gait. Repeat lumbar MRI imaging and a neurosurgery evaluation are sought along with refills of numerous analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal findings which identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider a surgical option were it offered to them. In this case, however, there is no clear evidence of neurologic compromise. The applicant apparently ambulates steadily with a normal gait, as of the office visit in question in September 2013. Multiple subsequent office visits in late 2013 and early 2014s further imply that the applicant is stable. There has been no recent deterioration in the applicant's neurologic picture. There is no clear evidence of focal neurologic compromise that would warrant surgical intervention or repeat MRI imaging. Therefore, the request is not certified.

A surgical evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, referral for surgical consultation should be reserved for those applicants who have severe and disabling leg symptoms with associated clear clinical and radiographic evidence of a lesion which is amenable to surgical correction. In this case, however, the applicant has had multiple negative prior lumbar MRI imaging studies which failed to reveal any evidence of a lesion amenable to surgical correction. The applicant does not have any focal disc herniation, high-grade spinal stenosis, or high-grade neural foraminal stenosis which is amenable to surgical correction. Therefore, the request is not certified.

Continued use of Senakot, Gabapentin and Prilosec: 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.

Decision rationale: It is noted that these three medications were submitted as one article as opposed to three separate articles. Since partial certifications are not permissible through the independent medical review process, the entire request is wholly not certified, although it is incidentally noted that the documentation on file would have supported a prescription for Snoot. Senakot is a laxative. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in those applicants who are using opioids chronically. In this case, the applicant is an individual using opioid chronically and would have benefited from usage of Snoot. However, this request is coupled with two other requests for Gabapentin and Prilosec. These requests cannot be supported based on the information on file. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for Gabapentin is three weeks for transition and then one to two weeks at maximum tolerated dosage. In this case, however, the applicant has used Gabapentin for a while in excess of this amount. There is no clear evidence of functional benefit affected through prior usage of the same. The applicant has failed to return to work. There is no clear evidence of analgesia and/or improved function affected as a result of ongoing Gabapentin usage. While the applicant states that she is able to care for her son as a result of medication usage, this has not been quantified in any meaningful way and is overshadowed by the applicant's failure to return to any form of work and heightened pain complaints appreciated on multiple visits interspersed throughout late 2013, referenced above.

MS Contin 60 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant does not meet the aforementioned criteria. She has failed to return to any form of work. She has been deemed "disabled." Her pain level seemingly fluctuate widely from visit to visit. The reported improvement in terms of performance of non-work activities of daily living appears negligible, it is further noted, and is outweighed by the applicant's failure to return to any form of work. Therefore, the request is not certified.

Dilaudid 4 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

Decision rationale: Again, as with MS Contin, the applicant does not clearly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has not returned to work. The applicant's pain levels fluctuate widely from visit to visit. There is no clear evidence of improved functioning affected as a result of ongoing opioid usage. The applicant's self-report of heightened ability to care for her child are outweighed by her usage of a cane and failure to return to any form of work, several years removed from the date of injury. Therefore, the request remains non-certified.

Ambien 10 mg: 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)

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

Decision rationale: Again, the MTUS does not address the topic. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem topic, Zolpidem or Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended in the chronic, long-term, and/or scheduled use for which it is being proposed here. Accordingly, the request is not certified.

Cymbalta 60 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, antidepressants take several weeks to exert their maximal effect. In this case, the applicant is having ongoing issues with anxiety, depression, insomnia, etc. Usage of Cymbalta is indicated, at the same. Usage of Cymbalta is a particularly appropriate choice here, as page 15 of the MTUS Chronic Pain Medical Treatment Guidelines endorses off-label usage of Cymbalta in the treatment of radiculopathy, another diagnosis seemingly present here. For all of these reasons, then, the request is certified as Cymbalta is seemingly an appropriate option to manage the applicant's chronic pain and mental health issues.

Zanaflex 4 mg: Upheld

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

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex or Tizanidine is FDA approved in the management of spasticity. It can be supported for unlabeled purposes in the treatment of low back pain, as is seemingly present here. In this case, however, the applicant has failed to affect any lasting benefit or functional improvement through prior usage of Tizanidine. The applicant has failed to return to any form of work. The applicant has significant physical impairment and is still using a cane. She remains highly reliant on various medications and medical treatments, including analgesic medications, adjuvant medications, psychotherapy, psychotropic medications, etc. All of the above, taken together, imply that prior usage of Zanaflex was unsuccessful. Therefore, the request for continued usage of Zanaflex is not certified, on independent medical review.