

Case Number:	CM13-0054368		
Date Assigned:	12/30/2013	Date of Injury:	11/17/1999
Decision Date:	04/21/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/19/2013

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 50 year old female with date of injury 11/17/99. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic lower back pain and intermittent pain in the legs since the date of injury. She has had two lumbar spine fusion surgeries, the first in 2007 and the second in 2010. She has also been treated with physical therapy and medications. Plain radiographs of the lumbar spine performed in 10/2013 showed post surgical changes in the lumbar spine and grade 1 anterolisthesis of L2 on L3. Objective: decreased range of motion of the lumbar spine; absent deep tendon reflexes at the ankles bilaterally. Diagnoses: back pain, spinal stenosis. Treatment plan and request: MS Contin, Norco, Senna, Zolof, Xanax, Lidoderm patches, Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

MScontin 60mg, #90: 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): 76-85, 88-89.

Decision rationale: This patient has had lower back pain with intermittent bilateral leg pain since date of injury on 11/17/99. She has been treated with surgery, physical therapy and medications to include MS Contin since at least 10/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, MS Contin 60 mg is not indicated as medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-85, 88-89.

Decision rationale: This patient has had lower back pain with intermittent bilateral leg pain since date of injury on 11/17/99. She has been treated with surgery, physical therapy and medications to include Norco since at least 10/2012. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

Zoloft 10mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com

Decision rationale: This patient has had lower back pain with intermittent bilateral leg pain since date of injury on 11/17/99. She has been treated with surgery, physical therapy and medications to include Zoloft since at least 10/2012. There is no documentation in the available medical records regarding the use and efficacy of Zoloft in this patient. On the basis of this lack of documentation, Zoloft is not indicated as medically necessary in this patient.

Xanax 1mg pm, #30: Upheld

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

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

Decision rationale: This patient has had lower back pain with intermittent bilateral leg pain since date of injury on 11/17/99. She has been treated with surgery, physical therapy and medications to include Xanax since at least 10/2012. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has far exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.

Lidoderm 5% patch, #30: Upheld

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

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

Decision rationale: This patient has had lower back pain with intermittent bilateral leg pain since date of injury on 11/17/99. She has been treated with surgery, physical therapy and medications to include Lidoderm 5% patch since at least 10/2012. Per the MTUS guideline cited above, the use of topical analgesics is largely experimental but may be tried for neuropathic pain when a trial of antidepressants and anticonvulsants has failed. There is no documentation in the available records supporting the presence of neuropathic pain and the failure of a trial of antidepressants and anticonvulsants. On the basis of this lack of documentation and per the MTUS guideline cited above, Lidoderm patch is not indicated as medically necessary in this patient.

Lunesta 2mg pm, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com

Decision rationale: This patient has had lower back pain with intermittent bilateral leg pain since date of injury on 11/17/99. She has been treated with surgery, physical therapy and medications to include Lunesta since at least 10/2012. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also a lack of documentation regarding the efficacy of this

medication thus far. On the basis of this lack of documentation, lunesta is not indicated as medically necessary.