

Case Number:	CM13-0059132		
Date Assigned:	12/30/2013	Date of Injury:	06/06/1990
Decision Date:	06/13/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/29/2013

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, has a subspecialty in Interventional Spine, 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 78 year old with an injury date on 6/6/90. Based on the 10/21/13 progress report provided by [REDACTED] the diagnoses are failed back surgery syndrome, lumbar and degenerative disc disease, cervical. Exam on 10/21/13 showed "tenderness in the midline of the cervical spine. Tenderness in the midline of the lower lumbar spine, range-of-motion of the cervical spine is reduced with respect to extension and rotation. Range of motion of the lumbar spine is reduced in all directions. Motor function in both upper extremities is within normal limits. There is a sensory deficit to light touch along the left forearm. Motor function in both lower extremities is markedly reduced. There is a sensory deficit in the right lower extremity. The straight leg-raising test is positive bilaterally." MRI of L-spine on 5/26/12 showed patient is "s/p posterior lumbar interbody fusion L3-L4, straightening of the normal lumbar lordosis with multilevel lumbar spondylosis, moderate central spinal stenosis L1-L2, and mild central spinal stenosis L2-L3 and L5-S1." Review of the included reports does not show evidence of other MRIs. [REDACTED] is requesting Dilaudid 4mg #120, Soma 350mg #60, Lidoderm patches #90, Quinine 325mg #30, Comfort Pac w/ Tizanidine 1-2 tablets, cervical MRI, and lumbar MRI. The utilization review determination being challenged is dated 11/11/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/2/13 to 10/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4MG #120: 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 Criteria For Use Of Opioids, Page(s): 76-78.

Decision rationale: This patient presents with persistent low back pain "radiating down posterior aspect of bilateral lower extremities to bottom of feet, and neck pain radiating down right upper extremity to wrist and down left upper extremity to biceps" and is s/p 4 L-spine surgeries, dates unknown per 10/21/13 report. The treater has asked Dilaudid 4mg #120 on 10/21/13. Patient has been taking Dilaudid as early as 1/2/13 report. On 6/10/13, 8/5/13, and 10/21/13, patient reports minimal difference in pain level which is "somewhat relieved by medications," and has not improved functionality in daily activities. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, the treater has asked for Dilaudid 4mg #120 but patient has been taking said medication for over 9 months with little to no improvement in pain management or function. Request is not medically necessary.

SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma(Carisoprodol)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma),Muscle Relaxants, Page(s): 29, 63-66.

Decision rationale: This patient presents with persistent low back pain "radiating down posterior aspect of bilateral lower extremities to bottom of feet, and neck pain radiating down right upper extremity to wrist and down left upper extremity to biceps" and is s/p 4 L-spine surgeries, dates unknown per 10/21/13 report. The treater has asked Soma 350mg #60 on 10/21/13. Patient has been taking Soma as early as 1/2/13 report. On 6/10/13, 8/5/13, and 10/21/13, reports minimal difference in pain level which is "somewhat relieved by medications," and has not improved functionality in daily activities. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the treater has asked for Soma 350mg #60 but patient has been taking said medication for over 9 months, which exceeds MTUS recommended timeframe. Request is not medically necessary.

LIDODERM PATCHES #90: 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 Lidoderm, Topical Analgesics, Page(s): 56-57, 111-113.

Decision rationale: This patient presents with persistent low back pain "radiating down posterior aspect of bilateral lower extremities to bottom of feet, and neck pain radiating down right upper extremity to wrist and down left upper extremity to biceps" and is s/p 4 L-spine surgeries, dates unknown per 10/21/13 report. The treater has asked Lidoderm patches #90 on 10/21/13. Patient has been taking Lidoderm as early as 1/2/13 report. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. In this case, the treater has asked for Lidoderm patches #90 but there is no evidence that the patient is using Lidoderm for neuropathic pain that peripheral and localized. The patient may be using it for low back pain, but Lidoderm is not indicated for axial spinal pain. Request is not medically necessary.

QUININE 325MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TWC GUIDELINES, MUSCLE RELAXANTS FOR CHRONIC PAIN (online version).

Decision rationale: This patient presents with persistent low back pain "radiating down posterior aspect of bilateral lower extremities to bottom of feet, and neck pain radiating down right upper extremity to wrist and down left upper extremity to biceps" and is s/p 4 L-spine surgeries, dates unknown per 10/21/13 report. The treater has asked Quinine 325mg #30 on 10/21/13. Patient has been taking Quinine as early as 1/2/13 report. Records indicate patient has tried Neurontin, Oxycontin, and physical therapy with little relief per 1/2/13 report. Regarding quinine sulfate, ODG guidelines recommend for prophylaxis and treatment of leg cramps if all other conservative measures have failed. In this case, the treater has asked for Quinine 325mg #30, and there is evidence other modalities to improve lower extremity spasticity have failed. Request is not medically necessary.

COMFORT PAC WITH TIZANIDINE 1-2 TABLETS: 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 Muscle Relaxants For Pain, Page(s): 66.

Decision rationale: This patient presents with persistent low back pain "radiating down posterior aspect of bilateral lower extremities to bottom of feet, and neck pain radiating down right upper extremity to wrist and down left upper extremity to biceps" and is s/p 4 L-spine

surgeries, dates unknown per 10/21/13 report. The treater has asked Comfort Pac w/ Tizanidine 1-2 tablets on 10/21/13. Patient has been taking Comfort Pac as early as 2/27/13 report. On 6/10/13, 8/5/13, and 10/21/13, patient reports no change in pain level in lower back that is "somewhat relieved by medications," and limited functionality in daily activities. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the treater has asked for Comfort Pac w/ Tizanidine 1-2 tablets but has not shown improvement in pain management or function in 8 months of treatment. Request is not medically necessary.

LUMBAR SPINE MRI SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols (online version).

Decision rationale: This patient presents with persistent low back pain "radiating down posterior aspect of bilateral lower extremities to bottom of feet, and neck pain radiating down right upper extremity to wrist and down left upper extremity to biceps" and is s/p 4 L-spine surgeries, dates unknown per 10/21/13 report. The treater has asked Lumbar MRI on 10/21/13. Review of the 1/2/13 report shows patient's overall "pain level is about the same since last visit." On 6/10/13, 8/5/13, and 10/21/13, patient reports no change in pain level in L-spine and no new injuries. Patient had a previous L-spine MRI on 5/26/12. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the treater has asked for repeat Lumbar MRI but patient shows no red flags to necessitate further specialized studies. Request is not medically necessary.