

Case Number:	CM13-0067396		
Date Assigned:	01/03/2014	Date of Injury:	08/31/1998
Decision Date:	04/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 beneficiary developed pain in the neck and upper extremities due to repetitive overhead motion in August 1998. Extensive treatment has been provided, including cervical spine fusion, lumbar spine facet block and radiofrequency ablation, cervical epidural steroid injections, and spinal cord stimulator implantation. The most recent imaging study is a cervical MRI from February 2011 that shows evidence of the spinal fusion. A recent office visit states that the beneficiary continued with pain in the neck, shoulder, and mid-low back. Pain medications made the pain tolerable, but there are no objective indicators of functional improvement. The duration of use of the medications is not specified, but they appear to have been in use for several years. Indications for use include pain and insomnia. The physical examination showed decreased range of motion of the cervical and lumbar spine with no objective evidence of radiculopathy. A CT scan of the lumbar spine was recommended to rule out stenosis and to evaluate for any changes from prior scans. Inpatient detox program was recommended for decreasing pain medications. Physical therapy was recommended for cervical and lumbar spine and bilateral shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 64,74,83.

Decision rationale: The evidence demonstrating long-term efficacy with opioids such as morphine for chronic pain is limited. Failure to achieve functional improvement, defined as a significant improvement in activities of daily living or a reduction in word restrictions and a reduction in the dependency on continued medical treatment, should lead to the discontinuation of this type of medication. In this case, the beneficiary has been treated with long-term opioids for chronic pain. The records do not indicate that significant functional improvement has occurred. Therefore, the ongoing use of morphine is not medically necessary

Percocet 10mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 97,74-83.

Decision rationale: The evidence demonstrating long-term efficacy with opioids such as oxycodone (Percocet) for chronic pain is limited. Failure to achieve functional improvement, defined as a significant improvement in activities of daily living or a reduction in word restrictions and a reduction in the dependency on continued medical treatment, should lead to the discontinuation of this type of medication. In this case, the beneficiary has been treated with long-term opioids for chronic pain. The records do not indicate that significant functional improvement has occurred. Therefore, the ongoing use of Percocet is not medically necessary.

Duragesic 25mcg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic and Opioids Page(s): 47,74-83.

Decision rationale: The evidence demonstrating long-term efficacy with opioids such as Duragesic (fentanyl) for chronic pain is limited. Failure to achieve functional improvement, defined as a significant improvement in activities of daily living or a reduction in word restrictions and a reduction in the dependency on continued medical treatment, should lead to the discontinuation of this type of medication. In this case, the beneficiary has been treated with long-term opioids for chronic pain. Duragesic is indicated in the management of chronic pain who require continuous opioid analgesia for pain that cannot be managed by other means. The records do not indicate that significant functional improvement has occurred. The records do not support the necessity of continuous opioid analgesia. Therefore, the ongoing use of Duragesic is not medically necessary.

Physical Therapy for cervical spine, both shoulders and lumbar spine QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical medicine (both passive and active modalities) is recommended, with the goal of achieving functional improvement and allowing for fading of treatment frequency with an emphasis towards home-based treatment. However, in this case, the requested number of therapy sessions exceeds that recommended by the Guidelines. In addition, the records are not clear that prior therapy provided any significant functional improvement, defined as a significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment.

Ambien CR 12.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Treatment for Workers' Compensation (TWC).

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

Decision rationale: Ambien (zolpidem) is recommended for the short-term relief of insomnia. However, its use cannot be recommended over the long-term due to concerns about habituation and functional impairment. There are also concerns about the lack of efficacy in maintaining proper sleep over the long-term. In this case, the records show that Ambien has been over the long-term. There is no evidence of efficacy, and there is no detailed evaluation of the beneficiary's insomnia. Therefore, the use of Ambien is not medically necessary.

Lidoderm patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: Lidoderm (lidocaine patch) is indicated for localized peripheral pain after a trial of first-line therapy, such as an anti-depressant or anti-epileptic drug. In this case, there is no evidence of localized peripheral pain, nor is there documentation of a failed trial of a first-line therapy. Therefore, the use of Lidoderm patch is not medically necessary.

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73.

Decision rationale: Celebrex (an NSAID) is indicated at the lowest dose possible for the treatment of moderate to severe pain. In addition, this type of medication is recommended as an option for short-term symptomatic relief. However, in this case, there is no evidence that this medication has provided any significant functional improvement, defined as a significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Therefore, the use of Celebrex is not medically necessary.

CT scan of the lumbar spine QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: In order to justify imaging studies in a beneficiary who does not respond to treatment, unequivocal objective findings that identify specific nerve compromise should be present. If the neurologic examination is less clear, then further evidence of nerve dysfunction should be obtained prior to ordering an imaging study. In this case, there is no clinical evidence of nerve compromise, nor is there objective evidence of nerve dysfunction. Therefore, imaging studies are not indicated.