

Case Number:	CM14-0004494		
Date Assigned:	02/05/2014	Date of Injury:	06/11/1996
Decision Date:	07/08/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine 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:

The injured worker is a 55 year old female injured on 06/11/96 when she slipped in a parking lot resulting in an injury to her neck, low back, and bilateral knees. Current diagnoses include status post right hemilaminectomy at L4-5 in 2006, bilateral lumbar radiculopathy with decreased disc height and space at L4-5 and L5-S1, cervical spondylosis with right upper extremity radiculopathy, and bilateral knee pain with a history of multiple arthroscopic surgeries. Electrodiagnostic report from 10/23/13 revealed moderate bilateral L4 sensory radiculopathy and moderate bilateral L5 sensory radiculopathy. The clinical note dated 10/23/13 indicates the injured worker presented complaining of constant throbbing back pain described as sharp, shooting pain that radiates into her left posterolateral leg into the posterior thigh. The injured worker reports any repetitive motion exacerbates her symptoms. Physical examination revealed severe tenderness to palpation in the lower back, extension increases pain, guarding with motion, straight leg raise positive bilaterally, muscle strength 4/5 to bilateral big toe extension and ankle plantar flexion. Lower extremity sensation decreased to bilateral L5 nerve distribution and left S1 nerve distribution. Documentation indicates previous transforaminal epidural steroid injections were beneficial to the injured worker; however, specific quantitative measurements for pain relief were not provided in the documentation. The clinical note dated 12/04/13 indicated the injured worker rated her pain at 8/10 improved with the use of Oxycontin. The injured worker reported anxiety issues treated with Xanax. Current medications include Lyrica, Oxycodone, Oxycontin, Soma, and Xanax. The original request for orthopedic consultation for bilateral knees, Oxycontin 30mg, 1 PO Q 8 hours PRN for baseline pain #90, repeat transforaminal lumbar epidural steroid injection at L3-4, and Oxycodone 15mg 1 PO Q 4-6 hours PRN for breakthrough pain, #150, Soma 350mg, 1 PO twice a day, #60, and Xanax 0.5mg 1 PO QD #30 was non-certified on 12/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Disorders, Initial Care.

Decision rationale: Per current CAMTUS Initial Care, the clinical documentation failed to provide specific information regarding the reason for orthopedic evaluation. Additionally, there is no indication that the patient has suffered new injury or acute exacerbation warranting evaluation by orthopedic specialist. As such, the request for Orthopedic Consultation For Bilateral Knees cannot be recommended as medically necessary at this time.

OXYCONTIN 30MG, ONE (1) BY MOUTH EVERY EIGHT (8) HOURS AS NEEDED FOR BASELINE PAIN, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Acting Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycontin 30mg, One (1) By Mouth Every Eight (8) Hours As Needed For Baseline Pain, #90 cannot be established at this time.

REPEAT TRANSFORAMINAL LESI AT L3, L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (Esis).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined

as pain in dermatomal distribution with corroborative findings of radiculopathy). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation indicated the patient underwent previous epidural steroid injection; however, there were no quantitative measurements of pain relief provided post-injection. As such, the request for repeat transforaminal LESI at L3, L4 cannot be recommended as medically necessary.

OXYCODONE 15MG, ONE (1) BY MOUTH EVERY FOUR (4) TO SIX (6) HOURS AS NEEDED FOR BREAKTHROUGH PAIN, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycodone 15mg, one (1) by mouth every four (4) to six (6) hours as needed for breakthrough pain, #150 cannot be established at this time.

SOMA 350MG, ONE (1) BY MOUTH TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg, One (1) By Mouth Twice A Day, #60 cannot be recommended as medically necessary at this time.

XANAX 0.5MG, ONE (1) BY MOUTH EVERY DAY, #30: Upheld

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

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for Xanax 0.5mg, One (1) By Mouth Every Day, #30 cannot be recommended at this time.