

Case Number:	CM14-0004817		
Date Assigned:	01/24/2014	Date of Injury:	12/30/1992
Decision Date:	06/26/2014	UR Denial Date:	12/12/2013
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 Physical Medicine & 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 45-year-old male with a date of injury of 12/30/1992. The listed diagnoses per [REDACTED] are: 1. Chronic pain syndrome. 2. Postlaminectomy syndrome, lumbar. 3. Radiculitis, lumbar. 4. Displacement of intervertebral disk, lumbar. 5. Spondylosis, lumbar. 6. Degenerative intervertebral disk, lumbar. 7. Stenosis, lumbar. 8. Lumbago. 9. Cervicalgia. 10. Postlaminectomy syndrome, cervical. 11. Radiculitis, cervical. 12. Chronic postoperative pain, orthopedic. 13. Insomnia. According to the 09/03/2013 progress report by [REDACTED], the patient presents with neck and low back pain. The patient also reports lower extremity pain with tingling and numbness. It was noted the patient's prior epidural injection was "still providing relief of pain." Examination of the lumbar spine revealed tenderness to palpation at the bilateral lumbar paraspinal. Flexion is 20 degrees with pain, extension is 0 degrees, left lateral bend is 10 degrees, and right lateral bend was 10 degrees. Ulnar strength was 5/5 throughout. The patient had a negative straight leg raise testing. On 12/03/2013, the patient continued with lower back pain. The report notes the patient is status post bilateral L3 and L4 transforaminal epidural steroid injection in early 2013. There is no operative report provided for review. MRI of the lumbar spine from 06/27/2013 revealed at the L1-L2 disk space, evidence of right paraspinal 5 to 6 mm disk herniation. At L2-L3, there is left-sided laminectomy defect. A 3 mm left lateral protrusion is present. At the level L3-L4, there is evidence of 2 to 3 mm retrolisthesis and a diffuse bulge in the annulus. At the L4-L5 disk space, there is evidence of 3 mm left foraminal protrusion. The patient's current medication includes MC Contin, Lunesta, Lyrica, Nexium, Lidoderm, and Flexeril. The physician requests refill x2 months for prescriptions of Lunesta, Flexeril, MC Contin, Norco, Lyrica, and Lidoderm. He also recommends a urine toxicology

screen, repeat bilateral L3-L4 transforaminal epidural steroid injection 2 to 3 times a week for 4 to 6 weeks, physical therapy, and spine surgery consultation at Cedars. Utilization review denied the requests on 12/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3 MG #30: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The physician requests Lunesta 3 mg #30 for insomnia related to pain. The MTUS and ODG guidelines do not discuss Lunette. However, ODG guidelines have the following regarding Lunesta under insomnia, pain chapter: "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." As medical records document, the patient has been prescribed Lunesta since 03/12/2013 for "insomnia related to pain. However, none of the reports reviewed from, 03/12/2013 to 12/03/2013 provided any discuss of sleep issues or how the patient has responded to Lunesta. MTUS guidelines page 60 require documentation of medication efficacy when used for chronic pain. Recommendation is for denial.

FLEXERIL 10 MG TID #90: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The treater requests refill of Flexeril 10 mg #90 for spasms. The MTUS guidelines, page 64, states "cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." The patient has been taking Flexeril since 03/12/2013. In this case, a short course of cyclobenzaprine may be indicated for patient's muscle spasms. But the treater is requesting this medication for long term use. The requested Cyclobenzaprine #90 is not medically necessary and recommendation is for denial.

MS CONTIN 15 MG BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61; 80-81.

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The treater is requesting MS Contin 15 mg b.i.d. #60 for pain. Treater states the patient is not taking this medication "regularly." Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The medical file indicates the patient has been utilizing MS Contin since 03/12/2013. The treater does not provide pain assessment, outcomes measure or any discussion on function improvement in any of the reports from 03/12/2013 to 12/03/2013. Recommendation is for denial.

LIDODERM #60: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The physician is requesting Lidoderm q. 12 hours #60 for localized pain. The MTUS Guidelines page 112 states under Lidocaine, indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for neuropathy." In this case, review of reports from 03/12/2013 to 12/03/2013 does not show any evidence of "localized peripheral pain." The patient has chronic low back and neck pain. The requested Lidoderm patches are not medically necessary, and recommendation is for denial.

RANDOM URINE TOXICOLOGY SCREENING PANEL: 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) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The physician is requesting a random urine toxicology screening panel to screen and evaluate for appropriate use of prescription medication. While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG guidelines provides a more clear guideline. For low-risk opiate users, once yearly urine screen is recommended following initial screening within the first 6 months. The medical file indicates the patient underwent two Urine Drug Screens in 2013 which were consistent with the medications prescribed, one on 03/12/2013 and another on 04/09/2013. The physician on 12/03/2013 requested repeat UDS. The requested UDS is in excess of what is recommended by ODG. Recommendation is for denial.

REPEAT BILATERAL L3-4 TRANSFORAMINAL EPIDURAL STEROID INJECTION:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 47.

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The physician is requesting a repeat bilateral L3-L4 transforaminal epidural steroid injection as "in the past, the patient required 2 to 3 epidurals for maximum relief." The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Review of the progress reports indicates the patient received bilateral L3-L4 epidural injection in April 2013. Subsequent progress report from 04/09/2013 and 06/11/2013 states the patient is "now s/p bilateral L3-4 TFESI, continues to have low back pain with bilateral radiating buttock and leg pain." In this case, the physician does not document 50% pain relief and functional improvement for 6 to 8 weeks. Recommendation is for denial.

PHYSICAL THERAPY TWO TO THREE TIMES A WEEK FOR FOUR TO SIX WEEKS, LUMBAR SPINE: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The patient is status post L-spine surgery in 1994 and C-fusion in 2007 and continues to be symptomatic. The physician is requesting land-based physical therapy for the lumbar spine for "2 to 3 days a week for 4 to 6 weeks." There is no indication that this patient has participated in any physical therapy in the recent past and a short course of therapy may be warranted. However, the physician does not provide a discussion as to why physical therapy is being implemented at this time, why the patient is unable to participate in a home regimen. Furthermore, the request is for 8-18 sessions. The request for sessions exceeding the recommended 9-10 sessions is not recommended.

SPINE SURGERY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting consultation with [REDACTED], spine surgery, at Cedars. Utilization review 12/12/2013 denied the request stating "documentation does not contain any evidence of a recent change in symptoms or findings on imaging of abnormalities suggesting the presence of a surgical lesion that would support that the patient is a candidate for repeat surgery." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient has had two fusion surgeries and continues to be symptomatic. A spine surgery consultation is reasonable and recommendation is for approval.