

Case Number:	CM14-0006072		
Date Assigned:	02/05/2014	Date of Injury:	03/25/1997
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 03/25/1997. The mechanism of injury was not provided. The injured worker's medication history included OxyContin 10 mg twice a day, Norco 10/325 mg twice a day, Soma 350 mg 4 times a day, senna 374 mg 1 to 2 tablets at bedtime for constipation, and Lunesta 2 mg at bedtime for insomnia as of 04/2013. Prior treatments included physical therapy and acupuncture. The documentation of 12/12/2013 revealed the injured worker had alleviating factors of heat, ice, rest, medications and acupuncture. The injured worker continued to complain of pain in the mid to low back and the lower extremities. The injured worker had an L4 through S1 anterior posterior fusion with synfix cages in 06/2013. The medications included Norco, OxyContin, and Soma. The injured worker indicated pain was a 6/10 with medications. The physical examination revealed a decrease in lumbar range of motion. The injured worker had decreased sensation over the right lateral leg. The injured worker had positive bilateral facet loading and a positive bilateral straight leg raise. The injured worker had a positive Faber's. Diagnoses included chronic postoperative pain, postlaminectomy syndrome of the lumbar region, lumbago, and lumbar radiculopathy. The treatment plan included OxyContin 10 mg twice a day for pain #60, Norco 10/325 mg twice a day for pain #60, Soma 350 mg 4 times a day as needed for pain #120, senna 374 mg 1 to 2 tabs at bedtime as needed for constipation #60, Lunesta 2 mg at bedtime for insomnia #30 as the injured worker had side effects with Ambien. Additionally, the treatment plan included Celebrex 200 mg twice a day as needed for pain and inflammation #30, a urine toxicology screen, physical therapy of the lumbar spine 2 to 3 days a week for 4 to 6 weeks, and acupuncture treatments for the low back times 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG BID FOR PAIN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was greater than 4 months. Given the above, and the lack of documentation, the request for OxyContin 10 mg twice a day for pain #60 is not medically necessary.

NORCO 10/325 BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was greater than 4 months. Given the above, and the lack of documentation, the request for Norco 10/325 mg twice a day for pain #60 is not medically necessary.

SOMA 350MG QID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a short term option for the treatment of low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication for

an extended duration of time. There was a lack of documentation of objective functional improvement. Given the above, the request for Soma 350 mg 4 times a day #120 is not medically necessary.

SENNA 374MG ONE TO TWO TABS QHS PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy, there should be prophylactic treatment of constipation initiated. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 4 months. There was a lack of documented efficacy for the requested medication. Given the above, the request for senna 374 mg 1 to 2 tabs at bedtime as needed #60 is not medically necessary.

LUNESTA 2MG QHS #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) and www.drugs.com/pro/lunesta.html.

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

Decision rationale: The Official Disability Guidelines do not recommend Lunesta for long term use; however, it is recommended for short term use. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 4 months. There was a lack of documentation of an increase in sleep. Given the above, the request for Lunesta 2 mg at bedtime is not medically necessary.

RANDOM URINE TOXICOLOGY SCREENING PANEL OBTAINED AND SENT TO LAB FOR ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documentation of abuse, addiction, or poor pain control. The clinical

documentation submitted for review failed to provide documentation that the injured worker had the above issues to support the use of a urine drug screen. It was indicated the request was to screen and evaluate for the appropriate use of prescription medications. Given the above, the request for random urine toxicology screening panel obtained and sent to lab for analysis is not medically necessary.

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

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment with a maximum of 8 to 10 visits for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation of objective functional benefit that was received as well as the quantity of sessions that were attended. There was a lack of documentation of objective functional deficits that remained to support ongoing therapy. The injured worker should be well versed in a home exercise program. The request for physical therapy 2 to 3 times for 4 to 6 weeks would exceed guideline recommendations. Given the above, and the lack of documentation of exceptional factors, the request for physical therapy lumbar spine 2 to 3 times a week for 4 to 6 weeks is not medically necessary.

ACUPUNCTURE FOR LOW BACK FOUR(4) SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture when pain medication is reduced or not tolerated and it is recommend as an adjunct to physical rehabilitation to hasten functional recovery. Acupuncture treatments may be extended if there is documentation of objective functional improvement including either a clinically significant improvement in activities of daily living or reduction in work restrictions. It was indicated the injured worker had pain medication that was reduced. The clinical documentation submitted for review indicated the injured worker had prior acupuncture sessions. There was a lack of documentation of a clinically significant improvement. There was a lack of documentation indicating the injured worker would utilize the treatment as an adjunct to physical rehabilitation as the request for concurrent physical therapy was found to be not medically necessary. Given the above, the request for acupuncture for low back 4 sessions is not medically necessary.

CELEBREX 200MG BID #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 08/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for Celebrex 200 mg twice a day #30 is not medically necessary.