MAXIMUS Federal Services

Case Number:	CM14-0008837		
Date Assigned:	02/12/2014	Date of Injury:	01/15/2013
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 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:

This patient is a 48-year-old male with date of injury 01/15/2013. Per treating physician's report 12/04/2013, the patient presents with low back pain that has worsened. He is having increased symptomatologies with radicular complaints. On objective findings, straight leg raise is positive bilaterally, severe antalgic gait, decreased sensation over L4-L5 bilaterally. The patient was given intramuscular injection of Toradol for acute pain. The treating physician's listed diagnoses are L4-L5 and L5-S1 disk herniation with right-sided radiculopathy, mild right lower extremity foot drop and mild left shoulder impingement. Under treatment discussion, the patient is pending authorization for fusion surgery at L4-L5-S1, to address the patient's right paracentral disk extrusion at L4-L5 and also osteophyte complex at L5-S1 with severe foraminal narrowing and compression of the right L5. The patient was given prescription for Norco 10/325 as well as Ambien 10 mg and "anxiously await IMR findings." Recommendation is also for Ambien 10 mg 1 at nighttime #30 with 2 refills to utilize for sleep as needed. Then the provider states that urinalysis was performed to monitor medication compliance. A report from 11/06/2013 states that the patient still has severe low back pain at 9/10 on daily basis with radiation to right greater than left lower extremity, constant numbness and tingling, has difficulty with ambulation. The patient is still pending authorization for lumbar surgery, and medications are prescribed. A report from 10/23/2013 states that patient has ongoing pain, pending authorization for surgical authorization, pain that is rated at 8/10 to 9/10, experiences numbness and cramping sensation, currently taking Tizanidine, Gabapentin, Hydrocodone "which are helping to relieve the pain." A report from 09/25/2013 states that the patient continues to be severely symptomatic in the low back with pain level at 7/10 to 8/10, constant basis. The patient is still waiting for surgical intervention, medical records reviewed including MRI and EMG/nerve conduction studies.

EMG/NCV studies "confirms radiculopathy on the right side." Medications are prescribed including Hydrocodone and other medications. The 08/28/2013 report has patient's pain at 9/10, radicular symptoms, and mild foot drop on the right as well. 07/31/2013 report has patient complained of significant low back pain. There is no discussion regarding medication efficacy on this report. The 05/28/2013 report by [redacted], another physician, has patient with ongoing complaints of low back pain, symptoms exacerbated with many activities including sitting, prolonged standing, lifting, bending, and stooping. The patient is waiting to undergo recommended lumbar epidural injections, no discussion regarding medications. MRI of the lumbar spine is from 09/05/2013 and the report indicates rightward eccentric disk osteophyte complexes at L4-L5-S1 resulting in mass effect on the right L5 nerve root, subarticular stenosis at L4-L5, and proximal foraminal stenosis at L5-S1. Disk osteophyte abuts the traversing S1 and L5 nerve roots without displacement. The requests for medications and urine drug screen were denied by utilization review letter dated 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP (NORCO) 10/325MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FOR USE OF OPIOIDS; MEDICATIONS FOR CHRONIC PAIN, Page(s): 76-80, 60-61.

Decision rationale: This patient presents with chronic low back pain. The request is for Norco #60. Despite review of more than 6 months of reports from 05/28/2013 to 12/04/2013, the only reference to medication efficacy is "helping to reduce relieve pain" per 10/23/2013 report. Each of the reports indicate the patient's pain is quite severe with visual analog scale ranging up to 7/10 to 8/10 and 9/10 intensity. California MTUS Guidelines require documentation of pain and function when medications were used for chronic pain (page 60). Page 78 of the California MTUS Guidelines also require documentation of the 4A's including analgesia, ADLs, adverse effects, adverse drug seeking behavior. California MTUS further requires documentation of "pain assessment" measures including current pain, average pain, least amount of pain over the previous 30 days, time it takes for medication to work and duration of pain relief with medication use. In this case, none of these informations are provided. The only statement is that the medications are helpful. There are no pain scales provided, no comparison to baseline function, no specific discussions regarding activities of daily living, and how medications have affected the patient's function and quality of life. Therefore the request is not medically necessary.

AMBIEN 10MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien).

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

Decision rationale: This patient presents with chronic low back pain with radiating symptoms to lower extremity. The request is for Ambien 10 mg to address the patient's insomnia which is due to chronic pain. California MTUS Guidelines and ODG Guidelines do not support long-term use of Ambien for insomnia. In fact, only short term use is recommended. In this case, the treating physician per 12/04/2013 report has prescribed #30 of Ambien to be used on a nightly basis with 2 refills, suggesting chronic use. Given the lack of support for Ambien for chronic use in addressing insomnia, recommendation is for denial.

RETROSPECTIVE URINALYSIS (DOS 12/4/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO AVOID OPIATE MISUSE Page(s): 94-95.

Decision rationale: This patient presents with chronic low back pain with radiation into lower extremities. The request is regarding urine toxicology obtained in 12/04/2013. A review of the reports shows that the patient has had monthly urine drug screens from 07/03/2013, 07/31/2013, 08/28/2013, 09/25/2013, 10/23/2013 as well as 12/10/2013. A review of the progress reports from 12/2013 did not discuss risk assessment or risk factor for this patient's chronic use of opiates. California MTUS Guidelines support use of urine drug screens when managing chronic use of opiates for chronic pain. ODG Guidelines provide more specific discussions regarding frequency of urine drug screen to be obtained. For low-risk patients, it recommends initial screen within the first 6 months with reevaluation thereafter once a year. For moderate to high risk patients, more frequent urine drug screens can be obtained up to once every 2 to 3 months. In this patient, urine drug screens are obtained on monthly visitations without any explanation as to the patient's risk assessments. Recommendation is for denial of the urine drug screen obtained on 12/04/2013.