

Case Number:	CM14-0019633		
Date Assigned:	04/30/2014	Date of Injury:	06/26/2008
Decision Date:	07/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine, 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 37-year-old male who was injured on 06/26/2008. He sustained a fracture to T7-T8 while lifting a patient. Prior treatment history has included testosterone replacement, H-wave therapy; MS-Contin, Lunesta, Lexapro, Soma; Lumbar epidural and physiotherapy. The patient underwent thoracic epidural steroid injection at T8-T9, which gave him 50% relief of his symptoms on 07/22/2013. Drug screen report dated 01/07/2014 detected citalopram but he is not taking as prescribed and morphine, which he is taking as prescribed. Carisoprodol/Meprobamate was not detected but was prescribed therefore revealed inconsistent results. Drug screen report dated 03/18/2014 detected citalopram but with inconsistent results; carisoprodol was detected but with inconsistent results; buprenorphine is detected but with inconsistent results; and Morphine is detected and is taking as prescribed. Pain management consultation report dated 02/04/2014 reports the patient was tapered off the MS-Contin to a Butrans 20 mcg patch every seven days and is doing well. He reported he was out of the Lunesta, Soma, and is desiring breakthrough medication. On exam, he has decreased range of motion and pain with anterior flexion at 65 degrees and posterior extension at 30 degrees. The patient has pain with left and right lateral rotation at 45 degrees and left and right lateral tilt at 20 degrees. Motor strength is 5/5 bilateral upper extremities. Deep tendon reflexes are 2+ and equal bilateral upper extremities. His sensation is intact and temperature sensation in bilateral upper extremities is slightly decreased in T9 dermatomes bilaterally. The patient pain with anterior flexion at 60 degrees and posterior extension at 30 degrees. On examination of the lumbar spine, the patient has pain with left and right lateral rotation at 25 degrees and left and right tilt at 15 degrees. Sensation is intact in bilateral lower extremities except for decreased sensation in right L3, L4, and L5 dermatomes. The assessment is 1) Hypogonadism 2) Hypertension 3) Osteopenia 4) Thoracic degenerative joint disease 5) Thoracic compression fracture 6) Thoracic herniated nucleus pulposus

7) Kidney stones 8) Pancreatitis 9) Chronic opioid management 10) Chronic opioid dependence and 11) MRI showing a T8-9 moderate sized disc protrusion with prominence in the right paracentral region with associated muscle spasm. Prior UR dated 01/14/2014 states the request for second thoracic epidural steroid injection, genetic testing with [REDACTED] ms contin 30mg, Lexapro 10 mg and Soma 350 mg are non-certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND THORACIC EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the guidelines, "In the therapeutic phase, 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 patient received a T8-9 ESI on 7/22/2013, and on 8/06/2013 presented for a follow-up evaluation at which time he requested additional Duragesic patches due to claiming loss of several patches from changing his body wash. According to the 8/6/2013 report the ESI led to reduction of Duragesic patch to 50mcg q. 2 days. The 9/17/2013 medical report documents that the 50 mcg Fentanyl patch did not give enough relief, and so the patient also used Norco in the interim, until he returned for the follow-up on 9/17/2013. The patient did not obtain 6-8 weeks reduction in pain or medication use. There is no documentation of a clinically significant improvement in function. Further, there is little detail regarding the patient's thoracic spine complaints. Decreased sensation to light touch of the bilateral T9 dermatomes is noted, but this is not corroborated by thoracic MRI dated 12/28/12 where no nerve impingement is noted. Medical necessity is not established.

GENETIC TESTING WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent,

with inadequate statistics and large phenotype range. The guidelines state that more work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Further, in this case medical records already establish opioid dependence and suggest opioid abuse. Medical necessity is not established.

MS CONTIN 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin, Oramorph SR, Kadian, Avinza), Oxycodone (Oxycontin), Fentanyl (Duragesic Patch), Hydromorphone (Palladone). Ongoing management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do not establish that this patient is benefitting from chronic long-acting opioid use. Pain level is not documented. The medical records do not establish this patient has obtained objective improvement in function. The clinical findings do not support the need for around-the-clock analgesia. A clinic note on 11/12/13 documents violation of the patient's pain contract, and the plan was to wean the patient off opioids within 4 months, which does appear to have been implemented. Furthermore, the patient is suffering hypogonadism and erectile dysfunction due to opioid use. Medical necessity is not established.

LEXAPRO 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to the CA MTUS and Official Disability Guidelines, Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Lexapro is an SSRI anti-depressant approved for the treatment of certain anxiety disorders and major depressive disorder. The patient is diagnosed with depression. However, there is little discussion in the provided records with regard to the patient's depressive symptoms. There is no discussion of efficacy of Lexapro with regard to the patient's depression or chronic pain. Medical necessity is not established.

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

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

Decision rationale: According to the CA MTUS and Official Disability Guidelines, Carisoprodol (Soma) is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). The medical records, for nearly a year, have documented identical physical examination findings, including report of T8-9 paraspinal muscle spasm. The patient has been prescribed Soma for several months. There is no evidence the medication has provided functional benefit or objective pain reduction. Medical necessity is not established.