

Case Number:	CM14-0111641		
Date Assigned:	09/16/2014	Date of Injury:	09/01/1980
Decision Date:	10/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female with a reported date of injury on 09/01/1980. The injury reportedly occurred when the injured worker tried to move a patient down with a draw sheet and felt a pain in her lower back that radiated down both of her legs. Her diagnoses were noted to include chronic bilateral lumbosacral radiculopathies, status post L4-S1 fusion, status post multiple spinal cord stimulator implantations and explanations due to infection, status post deep brain stimulator implantation, opioid dependence, psychiatric comorbidity, and chronic pain syndrome. Previous treatments were noted to include surgery, medications, and spinal cord stimulators. The progress note dated 08/31/2014 revealed complaints of low back pain that radiated to the left leg. The provider indicated a urine drug screen was performed 06/14/2014 that was positive for opiates, benzodiazepines as well as Valium, Morphine, and Oxycodone. The injured worker indicated that her pain medication gave her about 30% reduction in her pain and felt that oxycodone worked better than methadone and it allowed her to walk longer distances with her children and she no longer complained of dizziness. Her medication regimen was noted to include OxyContin 40 mg 1 tablet 5 times a day; however, the injured worker could not afford OxyContin and therefore was receiving methadone 40 mg 4 times a day, Valium 10 mg one 4 times a day, Zofran 8 mg 1 at bedtime, Roxanol elixir 20 mg/5 mL 20 mL daily, and glucosamine/chondroitin sulfate 500 mg one 4 times a day. The injured worker described her pain as it originated at her upper and lower back every day to down to her hips, legs, and knees. The injured worker reported the back pain was equal to her left leg pain. The injured worker revealed a tolerable pain level was 7/10 and that her pain was constant. The injured worker described her pain as electrical, aching, throbbing, pounding, stabbing, and vice like. The physical examination of the spine revealed tenderness along the lower portion of the lumbar area.

The physical examination of the lower extremities revealed abnormal motor and sensory deficits. There was bilateral lower leg numbness, worse on the left side. The deep tendon reflexes were noted to be 0 to the knees and ankles with full range of motion in all joints to the lower extremities. There was a negative straight leg raise and the injured worker described dense numbness in both legs that extended from the thighs in the front, laterally, extending to just below the knees. The Request for Authorization form was not submitted within the medical records. The request was for computed tomography (CT) myelogram of the thoracic-lumbar spine for a possible intrathecal drug pump implant, consultation for a second opinion spine consult or infectious disease consult, methadone 40 mg for pain, Valium 10 mg, Sonata 10 mg, Zofran 8 mg, Roxanol elixir 20 mg, and Glucosamine/Chondroitin sulfate 500 mg; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) myelogram of thoracic-lumbar spine: 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-TWC), Low Back Procedure Summary last updated 05/12/2014

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

Decision rationale: The request for computed tomography (CT) myelogram of the thoracic-lumbar spine is not medically necessary. The injured worker complained of upper and lower back pain that radiated to her hips, legs, and knees. The Official Disability Guidelines do not recommend myelography except for selected indications, when magnetic resonance imaging cannot be performed or in addition to an MRI. Myelography and CT myelography are okay if the MRI is unable and contraindicated (due to metallic foreign body) or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of nerve structures is required for surgical planning or other specific problem solving. The criteria for myelography and CT myelography are there must be a demonstration of a site of a cerebrospinal fluid leak; surgical planning, especially in regard to the nerve roots, as a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery; radiation therapy planning; diagnostic evaluation of spinal or basal cisternal disease and infection involving the bony spine, intervertebral discs, meninges, and surrounding soft tissue, or inflammation of the arachnoid membrane that covers the spinal cord; if there is poor correlation of physical findings with the MRI studies; or if the use of an MRI is precluded because of claustrophobia, technical issues, safety reasons, or surgical hardware. The injured worker presents with continued symptoms of pain in the lumbar spine and lower extremities; however, there is a lack of documentation regarding the injured worker being contraindicated for a lesser diagnostic procedure such as an MRI. The injured worker was approved for a CT scan in the past; however, the results of that study were not submitted for review. Therefore, the request is not medically necessary.

Consult: 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-TWC), Pain Procedure Summary last updated 05/15/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a consult is not medically necessary. The provider indicated a consult was needed for a second opinion for a spine and possibly infectious disease consult. The CA MTUS/ACOEM Guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. The request failed to provide the type of consult needed and therefore is not appropriate. As such, the request is not medically necessary.

Methadone 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The request for methadone 40 mg is not medically necessary. The injured worker has been utilizing this medication since at least 2013. The California Chronic Pain Medical Treatment Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears in part secondary to the long half-life of the drug (8 to 59 hours). Pain relief on the other hand only lasts from 4 to 8 hours. Methadone should only be prescribed by providers experienced in using it. The injured worker indicated the methadone helped with her pain but was not as effective as oxycodone. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Valium 10mg: Upheld

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

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

Decision rationale: The request for Valium 10 mg is not medically necessary. The injured worker has been utilizing this medication since at least 2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines 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 and anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. A more appropriate treatment for anxiety disorder is an antidepressant. A tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker did show to have diffuse tenderness of different muscle groups; however, the Guidelines recommend benzodiazepines for only 4 weeks and the injured worker has been utilizing this medication for an extended period of time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Sonata 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson: Handbook of Medical Psychiatry, 2nd. ed., Mosby, Inc., pages 230, 480

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Sedative/hypnotic.

Decision rationale: The request for Sonata 10 mg is not medically necessary. The injured worker has been utilizing this medication since at least 2013. The Official Disability Guidelines do not recommend sedative hypnotics for long term use, but recommend them for short term use. The Guidelines recommend limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury only and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. There is also concern they may increase pain and depression over the long term. The injured worker has been utilizing this medication for an extended period of time and there is a lack of documentation regarding efficacy in regards to sleep duration and quality with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Zofran 8mg: 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-TWC), Pain Procedure Summary last updated 05/15/2014; Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anti-emetics (for opioid nausea)

Decision rationale: The request for Zofran 8 mg is not medically necessary. The injured worker has been utilizing this medication since at least 2013. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The Guidelines recommend Zofran for FDA approved indications such as nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Roxanol Elixir 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Roxanol elixir 20 mg is not medically necessary. The injured worker has been utilizing this medication since at least 2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of significant pain relief on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living in regards to the use of this medication. There is a lack of documentation regarding side effects and the urine drug screen performed 06/2014 was consistent with therapy. Therefore, due to the lack of documentation regarding significant pain relief, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the Guidelines. The Guidelines also suggest short term utilization of opioid medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Glucosamine/Chondroitin Sulfate 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for glucosamine/chondroitin sulfate 500 mg is not medically necessary. The injured worker has been utilizing this medication since at least 2013. The California Chronic Pain Medical Treatment Guidelines recommend glucosamine (and chondroitin sulfate) as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated highly significant efficacy for crystalline glucosamine sulfate in all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. There is a lack of documentation regarding the injured worker being diagnosed with osteoarthritis to warrant glucosamine/chondroitin sulfate and the efficacy and improved functional status with utilization of this medication were not submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.