

Case Number:	CM14-0114615		
Date Assigned:	08/04/2014	Date of Injury:	11/01/2007
Decision Date:	09/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 injured worker is a male with date of injury 11/1/2007. Per primary treating physician's progress report dated 04/14/2014, the injured worker is taking Tramadol only as needed. He has had no new injuries. He is not attending therapy. He is working. Pain is rated at 8/10. Tramadol does help him a little to reduce some pain. He applies ice packs to his low back. He occasionally applies heat pads for his lower back. Lower back has constant pain that travels down both legs, right worse than left. There is numbness and tingling of his right foot. Prolonged walking, standing or sitting aggravate his low back pain. On examination there is diminished sensation of toes on the right. Diagnoses include musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulge L4-5, L5-S1, disc protrusion L5-S1, disc bulges L3-4 per MRI dated 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gurney van transportation, at time of discharge and two post-op visits: Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary, Department of Health Care Services, California
www.dhcs.ca.gov/services/medi-cal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Transportation (To & From Appointments).

Decision rationale: The initial utilization review report dated 03/27/2014 indicates gurney van transportation is not indicated as the medical documentation does not indicate the injured worker is unable to attend appointment due to safety issues or other such limitations. This second review appears to not have the information that was provided by the requesting physician in the progress report dated 04/14/2014. The requesting physician explains that to prevent extrusion of the clot in the disc space following laminectomy and discectomy, the injured worker is limited to sitting for only 10 minutes at a time for the first six weeks. The gurney transportation is therefore requested for the time of discharge as well as two follow up visits, at two weeks and six weeks post-operative. The MTUS guidelines do not address transportation to medical appointments. The ODG chapters for pain and low back do not address transportation to medical appointments. The ODG recommends transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. This is the same guideline used by the claims administrator. The injured worker is unable to transport himself, or to receive transportation in a personal vehicle with the post-operative treatment recommendations from the surgeon. The request for gurney van transportation, at time of discharge and two post-op visits is determined to be medically necessary.

Hydrocodone/APAP 5/350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Take before a Therapeutic Trial of Opioids, Initiating therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reportedly taking Tramadol only as needed. Medical documentation explaining the request for hydrocodone/APAP 5/325 mg #60 is not provided. The treatment plan reported on 04/01/2014 explains Vicosetron 10/300/2 mg #30 is for post-operative pain. There is not enough information in the clinical documents to support this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/APAP 5/350 mg #60 is determined to not be medically necessary.

Lunesta 1 mg #90 with three refills: 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 chapter, Insomnia Treatment.

Decision rationale: The MTUS guidelines do not address the use of Lunesta. Insomnia treatment is recommended by the ODG, based on the etiology of the insomnia. Lunesta is a non-benzodiazepine sedative-hypnotic that is a first-line medication for insomnia. Lunesta has demonstrated reduced sleep latency and sleep maintenance, and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. The clinical note provided for review do not address the use of Lunesta or any condition that may benefit from the use of Lunesta. The request for Lunesta 1 mg, #90 with three refills is determined to not be medically necessary.

Flurbiprofen/Omeprazole 100 mg #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Post-operatively the requesting physician requested 30 days of flurbiprofen to minimize the amount of opioid pain medications used. This request is for four or more months of medications that are not provided with explanation to support this request outside of the recommendations in the MTUS guidelines. The request for Flurbiprofen/omeprazole 100 mg #90 with three refills is determined to not be medically necessary.