



Case Number:	CM14-0117362		
Date Assigned:	08/06/2014	Date of Injury:	12/15/2004
Decision Date:	09/10/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/25/2014

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:

The patient is a 50 year old with an injury date on 12/15/04. The patient complains of lumbar pain and cervical pain radiating to the right shoulder per 6/28/14 report. The patient had a recent flare-up of pain and reprogrammed spinal cord stimulator, which reduced pain in the back and legs per 6/28/14 report. Based on the 6/28/14 progress report provided by [REDACTED] the diagnoses are: 1. failed back syndrome cervical and lumbar spine. 2. s/p permanent implantation of Medtronic spinal cord stimulator. 3. s/p anterior and posterior lumbar fusion. 4. s/p multilevel anterior cervical discectomy and fusion. 5. bilateral S1 radicular pain stable with spinal cord stimulator. 6. opioid dependence. 7. history of osteomyelitis/discitis. 8. right shoulder pain possibility secondary to use of cane. An Exam on 6/28/14 showed "C-spine: moderate tenderness and spasm in right paracervical musculature and right trapezius musculature. Neck extension/flexion minimal. C-spine: midline tenderness. Tenderness and spasm in the right paralumbar muscles. Range of motion is limited to extension to less than 5 degrees and lateral bending bilaterally 15 degrees. Antalgic gait with cane." [REDACTED] is requesting orthopedic consultation, Opana ER #60, Percocet 10/325mg #60m, and Ambien 10mg #30. The utilization review determination being challenged is dated 7/12/14 and rejects the orthopedic consult, and rejects the orthopedic consultation as patient does not meet criteria. [REDACTED] is the requesting provider, and he provided treatment reports from 1/28/14to 6/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

Decision rationale: This patient presents with back pain and neck pain and is s/p both lumbar and cervical fusion. The treating has asked for orthopedic consultation on 6/28/14. The request is for a re-evaluation with an orthopedic spine surgeon, due to patient's increased right S1 radicular pain not being relieved by the spinal cord stimulator. ACOEM states that the "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treating physician has asked for orthopedic consultation which is reasonable and medically necessary; considering patient's persistent lumbar and cervical pain.

Opana ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with back pain and neck pain and is s/p both lumbar and cervical fusion. The treating physician has asked for Opana ER #60 on 6/28/14. Patient states that Opana ER relieves this residual pain in neck/shoulder, reducing pain from 10/10 to 4/10 per 6/28/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: "least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts." Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Opana. The request is considered not medically necessary, given the lack of sufficient documentation regarding chronic opiates and management.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with back pain and neck pain and is s/p both lumbar and cervical fusion. The treating physician has asked for Percocet 10/325mg #60 on 6/28/14. Patient takes Percocet once a day for severe breakthrough pain per 1/28/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: "least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts." Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Percocet. The request is not medically necessary, given the lack of sufficient documentation regarding chronic opiates management as required by MTUS.

Ambien 10mg #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, pain, chronic, mental chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment, for Ambien states.

Decision rationale: This patient presents with back pain and neck pain and is s/p both lumbar and cervical fusion. The treating physician has asked for Ambien 10mg #30 on 6/28/14. Patient is taking Ambien since 2/25/14 report. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). Not recommended 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 that they may increase pain and depression over the long-term. In this case, the patient has been taking Ambien for 4 months. ODG guidelines only allow short-term treatment, but patient has been taking Ambien for 4 months. Requested 10mg #30 of Ambien is not indicated at this time. The request is not considered medically necessary.