

Case Number:	CM14-0118993		
Date Assigned:	09/16/2014	Date of Injury:	10/20/1999
Decision Date:	11/06/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Rehabilitation & Pain Management 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 62 years old male with an injury date on 10/20/1999. Based on the 07/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. S/P lumbar spine surgery at L4-L5 2. Lumbar sprain. According to this report, the patient complains of low back pain that is "getting worse day by day and he is taking more medications." Pain is rated at a 9.5/10. Physical exam reveals very painful heel and toe ambulation. Stiffness, tightness, and pain are noted over the scar site. Range of motion of the lumbar spine is restricted. Straight leg raise test is positive on the left side. Weakness of the left lower extremity muscles is noted. Deep tendon reflexes of the bilateral knee and ankle are 1+. The 05/21/2014 report indicates "pain is 7-8/10; however with the help of medication pain goes down to 80-90% and he is functional." The patient's surgical history includes 2 lumbar surgeries at L4-L5. There were no other significant findings noted on this report. The utilization review denied the request on 07/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/26/2014 to 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 Mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Guidelines Medications for chronic pain) CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) CRITERI.

Decision rationale: According to the 07/16/2014 report by the treating physician this patient presents with low back pain that is "getting worse day by day and he is taking more medications." The treating physician is requesting Percocet 10/325 mg #90. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Percocet was first mentioned in the 02/26/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of reports show numerical scale to assessing the patient's pain levels. However, there are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Percocet. There are no opiate monitoring such as urine toxicology. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

MRI L Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG) ODG low back chapter under MRI

Decision rationale: According to the 07/16/2014 report by the treating physician this patient presents with low back pain that is "getting worse day by day and he is taking more medications." The treating physician is requesting MRI for the lumbar spine. The treating physician mentions on 06/18/2014 report, "patient's condition is getting worse although he had a spine surgery, but his MRI is very old I would like to get the authorization for MRI of the lumbar to see the actual pathology." Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the reports show that the patient had 2 lumbar spine surgeries at L4- L5, low back pain is "getting worse" and continues to be symptomatic. The treating physician states that the MRI on file is very old and would like another one, but does not explain whether or not the patient's MRI is following the prior surgery. The surgical time-frame is not provided and the patient may have had surgery quite some time ago. The patient does not present with a new injury, progressive neurologic deficit, red flags such as bowel/bladder symptoms/infection/tumor/ fracture to consider an updated MRI. If the patient has not had an

MRI following surgery, one would be indicated but this does not appear to be the case. Therefore, the request is not medically necessary.

Ambien 5mg #45: 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 (updated 7/10/14) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists)

Decision rationale: According to the 07/16/2014 report by treating physician this patient presents with low back pain that is "getting worse day by day and he is taking more medications." The treating physician is requesting Ambien 5 mg #45. Ambien was first mentioned in the 02/26/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records do not indicate the patient has sleep issue. Furthermore, the treating physician is requesting 5mg #45. The treating physician does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication, Therefore, the request is not medically necessary.

Duragesic Patch 50 Mcg Hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic(fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS Guidelines page 44 states Duragesic and Medications for chronic pain (MTUS),.

Decision rationale: According to the 07/16/2014 report by the treating physician this patient presents with low back pain that is "getting worse day by day and he is taking more medications." The treating physician is requesting Duragesic patch50 mcg hr #15. The MTUS Guidelines page 44 statesDuragesic (fentanyl transdermalsystem) is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Duragesic patch was first mentioned in the 02/26/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of reports

show numerical scale to assessing the patient's pain levels. However, there are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Duragesic patch. There are no opiate monitoring such as urine toxicology. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.