

Case Number:	CM14-0119406		
Date Assigned:	08/06/2014	Date of Injury:	12/03/2012
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
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 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 26-year-old female who has submitted a claim for lumbar intervertebral disc displacement and lumbosacral radiculitis associated with an industrial injury date of 12/03/2012. Medical records from 12/03/2012 to 06/06/2014 were reviewed and showed that patient complained of low back pain graded 8-9/10 radiating down the left leg and toes with associated numbness, tingling, and weakness of big toe. Physical examination revealed diffuse tenderness over lumbosacral spine, moderate facet tenderness along L4-S1 levels, decreased sensation along left L4 dermatomal distribution, weakness of left big toe extensor, and positive SLR test on the left. MRI of the lumbar spine dated 07/03/2014 revealed T10-T11 flattening, T11-12 disc protrusion, L5-S1 disc protrusion with mild left foraminal stenosis, and L4-5 right paracentral protrusion. EMG/NCV study of lower extremities dated 04/26/2013 revealed active left L4 denervation. Treatment to date has included left L4-5 transforaminal ESI (03/22/2014), acupuncture, Zolpidem 10mg (quantity not specified; prescribed since 06/26/2013), Oxycodone 5/325mg (quantity not specified; prescribed since 06/26/2013), Percocet 10/325mg #90 (prescribed 12/06/2013), Robaxin (dosage and quantity not specified; prescribed since 02/10/2014), Prilosec 20mg (quantity not specified; prescribed since 12/06/2013), and topical pain medications. Of note, there was no documentation of functional outcome from aforementioned treatments. There was no gastrointestinal disturbance complaint (04/04/2014). Utilization review dated 07/07/2014 denied the request for Percocet 10/325mg #90 because the medical records did not contain specific details regarding the four A's to support rationale or indication for this treatment. Utilization review dated 07/07/2014 denied the request for Robaxin 750mg #60 because there was no documentation of acute pain or exacerbation of chronic pain, or functional benefit from this medication. Utilization review dated 07/07/2014 denied the request for Protonix 20mg #30 because there was no indication for gastrointestinal prophyllaxis.

Utilization review dated 07/07/2014 denied the request for Ambien 10mg #30 because there was no documentation of improved sleep latency or next day functioning. Utilization review dated 07/07/2014 denied the request for urine toxicology screening because there was no rationale for this frequency of repeat urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; Ongoing Management; When to Discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case the patient was prescribed Percocet 10/325mg #90 since 12/06/2013. However, there was no documentation of analgesia or functional improvement with Percocet to support continuation of opioid treatment. Therefore, the request for Percocet 10/325mg #90 is not medically necessary.

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: According to pages 64-65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, the patient was prescribed Robaxin (dosage and quantity not specified) since 02/10/2014. Physical exam findings did not reveal muscle spasms to support its use. There was no documentation of functional improvement with Robaxin use. Therefore, the request for Robaxin 750mg #60 is not medically necessary.

Protonix 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole (Prilosec) 20mg (quantity not specified) since 12/06/2013. However, there was no report of gastrointestinal disturbances. The patient does not fit the criteria for those at intermediate risk for gastrointestinal events. Therefore, the request for Protonix 20mg #30 is not medically necessary.

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 (ODG), Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

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

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed Zolpidem 10mg (quantity not specified) since 06/26/2013. There was no documentation of functional improvement with Zolpidem use. Moreover, the long-term use of Zolpidem is not in conjunction with guidelines recommendation. Therefore, the request for Ambien 10mg #30 is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening risk for addiction (tests) - Opioids, steps to.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, tools for risk stratification & monitoring Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, Urine drug testing

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient has been on chronic opioid treatment since 06/26/2013. However, there were no subjective and objective symptoms or presence of concurrent psychiatric comorbidity to support that the patient is at moderate risk for addiction/aberrant behavior. Therefore, the request for urine toxicology screening is not medically necessary.