

Case Number:	CM14-0128785		
Date Assigned:	08/18/2014	Date of Injury:	03/29/1995
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/29/95 when, while working as an office manager, he was picking up a box weighing up to 20 pounds and had immediate low back pain. A few days later he had neck pain and tingling in both hands. He underwent cervical spine surgery in May 1996 and lumbar spine surgery in 1997. Left hand surgery was performed in 2000 and right hand surgery in 2002. Treatments have included physical therapy. He has not returned to work. He developed major depression and continues to receive psychological treatments. He was seen by the requesting provider on 01/14/14. His history of injury and subsequent treatments were reviewed. He had relocated from California approximately 18 months before. His past medical history included cerebral palsy. He was having pain, greatest in the low back. Physical examination findings included deafness; he was able to read lips. He had decreased lower extremity strength with cervical and lumbar facet tenderness and a jerking gait with poor balance. Diagnoses included lumbar radiculopathy, cervical and lumbar degenerative disc disease with facet syndrome, and obstructive sleep apnea requiring CPAP (Continuous Positive Airway Pressure Treatment). MS Contin was prescribed and MSIR (Morphine Sulfate Immediate Release) was started. Dilaudid was discontinued. Ambien was refilled. Lumbar medial branch blocks were planned. On 02/13/14 he had ongoing neck and low back pain. His Ambien dose was adjusted. On 03/12/14 he reported inadequate pain control. There had been better pain control when taking OxyContin 60 mg three times per day. On 04/07/14 he had ongoing symptoms, medications were refilled and he underwent medial branch blocks on 04/14/14 bilaterally. On 05/09/14 there had been a 60% improvement lasting 4-5 hours after the medial branch blocks. On 06/09/14 he had ongoing symptoms. Medications were adjusted. On 07/07/14 he had stopped taking Valium and had started taking Lorazepam which was prescribed

by his primary care physician. Pain was rated at 8/10. Physical examination findings included an abnormal gait with lumbar spine tenderness with decreased range of motion. There was a positive left straight leg raise and positive right Fabere testing. There was bilateral sacroiliac joint tenderness. Oxycodone 10 mg #120, Ambien CR 12.5 mg #30, and Opana ER 30 mg #90 were prescribed. Authorization for bilateral sacroiliac joint injections was requested. On 08/06/14 he was having problems with balance. Pain was rated at 7/10. Lumbar medial branch blocks in June 2014 are now referenced as having provided no benefit. Physical examination findings appear unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) Bilateral SI (Sacroiliac) joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

Decision rationale: The claimant has a history of a work injury occurring nearly 20 years ago. He has undergone numerous orthopedic surgeries to the spine and use. He has not returned to work. He continues to be treated for chronic neck and low back pain as well as depression. Guidelines recommend against sacroiliac joint injections for sub acute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy and therefore, the request of two (2) Bilateral SI (Sacroiliac) joint Injections is not medically necessary and appropriate.

Oxycodone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (criteria for use, Dosing and indicators for addiction) Page(s): 79, 86, 87.

Decision rationale: The claimant has a history of a work injury occurring nearly 20 years ago. He has undergone numerous orthopedic surgeries to the spine and use. He has not returned to work. He continues to be treated for chronic neck and low back pain as well as depression. He reports inadequate pain control despite the prescribing of high dose opioids. Medications include Opana ER at 90 mg per day and Oxycodone at 40 mg per day with a total morphine equivalent dose of 330 mg per day. In this case, there is no evidence of progress towards a decreased reliance on medical care or any return to work plan. The claimant appears to be becoming more dependent in terms of medical care usage. The claimant's opioid dosing is well in excess of 120

mg oral morphine equivalents per day which is not recommended. Criteria for discontinuing opioids include when there is no overall improvement in function and therefore continued prescribing of Oxycodone was not indicated. Therefore, the request of Oxycodone 10mg #120 is not medically necessary and appropriate.

Ambien CR 12.5mg #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Zolpidem and Mental Illness & Stress Chapter, Insomnia treatment.

Decision rationale: The claimant has a history of a work injury occurring nearly 20 years ago. He has undergone numerous orthopedic surgeries to the spine and use. He has not returned to work. He continues to be treated for chronic neck and low back pain as well as depression. Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is reference to stress and anxiety which may be contributing factors and should be addressed. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, continuation of Ambien is not medically indicated. Therefore, the request of Ambien CR 12.5mg #30 is not medically necessary and appropriate.

Urine Toxicology Screen: Overturned

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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The claimant has a history of a work injury occurring nearly 20 years ago. He has undergone numerous orthopedic surgeries to the spine and use. He has not returned to work. He continues to be treated for chronic neck and low back pain as well as depression. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, when drug screening was

requested the claimant had already been treated on a long term basis with opioid medications with poor pain control. In terms of subsequent testing after opioids have been prescribed, drug screening is recommended when there are issues of abuse, addiction, or poor pain control. In this case, poor pain control may be due to improper or inadequate medication usage which could be detected through urine drug screening. Therefore, the request of Urine Toxicology Screen is medically necessary and appropriate.