

Case Number:	CM14-0182032		
Date Assigned:	11/05/2014	Date of Injury:	01/24/2003
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 39-year-old male with a date of injury of 01/24/2003. The listed diagnoses per [REDACTED] are: 1. Spinal/lumbar DDD.2. Radiculopathy.3. Lumbar radiculopathy.4. Post lumbar laminectomy syndrome.5. Lumbago. According to progress report 09/17/2014, the patient presents with increased low back pain. The patient rates his pain 9/10. Current medication regimen includes Trazodone 50 mg, Topamax 50 mg, Cymbalta 60 mg, Oxycodone HCL 15 mg, Amitiza mcg, Fentanyl 50 mcg/hour patch, and Lunesta 2 mg. Examination revealed paraspinal muscle spasms and tenderness noted on both sides. Straight leg raise test is positive on the right in a sitting position at 30 degrees and the left side in sitting position at 30 degrees. Sensation is decreased in the left L5 to S1 distribution. The provider is requesting lumbar x-rays, Oxycodone, and Lunesta. Utilization review denied the request on 10/22/2014. Treatment reports from 05/28/2014 through 09/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Set of Dynamic Lumbar X-Rays including Neutral, Flexion, and Extension Views in an Upright Position: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (Lumbar & Thoracic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter has the following regarding radiograph x-rays

Decision rationale: This patient presents with an increase in low back pain. The provider is requesting "1 set of dynamic lumbar x-rays including neural, flexion, and extension views in an upright position." The MTUS Guidelines and ACOEM Guidelines do not specifically address x-rays of the lumbar spine. However, ODG Guidelines under its low back chapter has the following regarding radiograph x-rays, "no recommended routine x-rays in the absence of red flags." Lumbar spine radiograph should not be recommended in patients with low back pain in the absence for red flags for serious spinal pathology even if the pain has persisted at least 6 weeks." Review of the medical file does not indicate the patient has had x-rays in the past; however, there are MRIs of the lumbar spine from 04/16/2008, 10/20/2014, and 05/05/2014. In this case, the patient does not present with serious spinal injury, neurological deficit, and trauma or suspected fracture to warrant x-rays of the lumbar spine. Therefore, this request is not medically necessary.

1 Prescription of Oxycodone HCL 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with an increase of low back pain. The provider is requesting "one prescription of oxycodone HCL 15 mg #180." The MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. Review of the medical file indicates the patient has been prescribed oxycodone since at least 05/28/2014. Further use of Oxycodone cannot be supported as the provider does not provide specific functional improvement or changes in ADLs with taking long term opioids. The provider in his monthly progress reports provides a pain scale to denote the patient's current pain, but there is no before and after scale to show analgesia. It is continually noted at the end of each progress report that the 4As are addressed. The provider states that there are no aberrant drug-taking behaviors and the patient reports no adverse side effects. He also notes that patient activity report through the CURES system is performed periodically. In this case, the provider has discussed analgesia and has addressed possible adverse side effects and aberrant behaviors. However, there is no discussion of specific functional improvement or changes in ADL as required by MTUS for opiate management. Given the lack of sufficient documentation for opiate management, this request is not medically necessary.

1 Prescription of Lunesta 2mg #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, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopicolone (Lunesta)

Decision rationale: This patient presents with an increase of low back pain. The provider is requesting "one prescription of Lunesta 2 mg #30." ACOEM and ODG guidelines state "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period." ODG guidelines under the pain and mental illness/stress chapter state that the medication is not recommended for long term use. Monthly progress reports indicate that the patient's sleep quality is poor. The patient has been taking this medication since at least 05/28/2014. Although the patient suffers from poor sleep quality, there is no reference to this medication in terms of efficacy. California MTUS, page 60 requests documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding this medication's efficacy, continuation cannot be supported. Therefore, this request is not medically necessary.