

Case Number:	CM14-0021200		
Date Assigned:	05/09/2014	Date of Injury:	03/12/2003
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 and 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:

This patient is a 59-year-old male with date of injury 03/12/2013. Per treating physician report 07/23/2013, patient was to continue current medications including Effexor, tramadol, Theramine, GABAdone, Prilosec, and the patient was to continue psychiatric treatment in the form of psychopharmacotherapy. 09/24/2013 report by treating physician states that the patient continues to be depressed and agitated with ongoing pain. Patient was to continue medications including Effexor, tramadol, GABAdone, Prilosec, Ativan. 10/29/2013 reported by same physician stating that the patient continues to be stable on his medications, waiting for his case to be sorted out. There are no listed diagnoses but states that the patient is to continue his current treatment and medications. 11/26/2013 is similar, with the patient agitated, irritable, and depressed with ongoing pain. Patient is to continue current medications. 12/26/2013 report by another physician [REDACTED], who presents for followup, who has experienced 5 days bent over, feeling tearing sensation in low back, painful to walk. Impression and Plan list x-ray results, 2 views, showing stable metal. No significant change in the disk above. Listed diagnoses: status post anterior cervical discectomy and fusion at C5-C6, status post interbody posterolateral fusion at L5-S1. Discussion states that the L5 level is solid, minimal change at L3-L4, no significant changes at L4-L5, certainly nothing on his x-ray. Patient ought to be seen for followup in a year, or sooner if there is a major change.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: This patient presents with chronic neck and low back, with history of discectomy, fusion on both neck and low back. There was a request for hydrocodone #60; however, none of the reports reviewed from 07/23/2013 to 02/05/2014 show that this patient is taking this medication. There are no discussions regarding function, pain as related to use of hydrocodone. MTUS guidelines page 60 require documentation of pain and function when medications are used for chronic pain. Page 78 of MTUS also requires specific documentations of the 4 A's including analgesia, ADLs, adverse effects, aberrant drug-seeking behavior when opiates were used on a chronic basis for chronic pain. This patient may benefit from low-dose opiates to address the patient's chronic pain, but none of the treating physician's reports described use of these medications. In fact, none of his report listed this medication at all. There are no documentation of pain and function, the request is not medically necessary and appropriate.

SKELAXIN 800MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METAXLONE (SKELAXIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 60,61.

Decision rationale: This patient presents with chronic neck and low back pain. The request was for Skelaxin. MTUS Guidelines page 61 states regarding Skelaxin, "recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain." A short-term use of this medication may be indicated for this patient's chronic low back pain. However, none of the reports discussed this medication, what it is used for and for what duration. MTUS Guidelines page 60 also require documentation of pain and function when medications are used for chronic pain. In this case, none of the reports reviewed from 07/23/2013 to 02/05/2014 discussed this medication's efficacy. None of the reports discussed whether or not this medication is used for short term versus long term. The request is not medically necessary and appropriate.

RETROSPECTIVE ONE X-RAY OF THE LUMBAR SPINE WITH TWO VIEWS ON 12/10/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: This patient presents with chronic low back pain. [REDACTED] on 12/26/2013 obtained x-ray of the lumbar spine indicating that the fusion is intact with no other pathologies. ODG Guidelines support x-ray evaluation of surgical spine. Review of the reports does not show that this patient had recent x-rays of lumbar spine. Given patient's history of both neck and low back surgeries with fusion, periodic evaluation of the spine with x-rays are medically reasonable. Utilization reviewer denied the request in 02/13/2014 stating, "There were no significant objective findings to signify any red flag conditions requiring an x-ray to be performed." Although ODG guidelines do not recommend routine x-rays of the lumbar spine in the absence of red flags, it does list "post-surgery: evaluate status of fusion" as one of the indications for plain x-rays. The request is medically necessary and appropriate.