

Case Number:	CM14-0025268		
Date Assigned:	06/11/2014	Date of Injury:	04/18/2006
Decision Date:	07/22/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/27/2014

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 is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 04/18/2006. Prior treatments included physical therapy and lumbar spine surgeries. The mechanism of injury was the injured worker was carrying a box out of a cooler and slipped on water that was on the floor, landing on his right knee while holding the box. Prior treatments additionally included pool therapy. The documentation of 12/03/2013 revealed the injured worker had constant intractable upper and lower back pain that was controlled with a combination of trigger point injections and current medications. The injured worker was noted to be able to perform activities of daily living well. The injured worker had myofascial trigger points and taught bands throughout the thoracic and lumbar paraspinal musculature as well as the gluteal muscles. Dorsiflexion and plantarflexion were both weak in the right foot at 4/5. The sensation to touch and pinprick was decreased in the back of the right calf area and the lateral and back sides of the left calf area. Both knee and ankle jerks were absent bilaterally. The injured worker was walking with the aid of a cane. The diagnoses included status post fusion of L5 through S1 and lumbar spine surgery x3 with residual symptoms at L5-S1 level, chronic myofascial pain syndrome, thoracolumbar spine, sprain injury of the right knee, anxiety and major depression, insomnia, and intractable back pain due to acute exacerbation of injury of the thoracolumbar spine. The treatment rendered was for trigger point injections. The treatment plan included in-home care and transportation, as well as OxyContin 40 mg 1 tablet by mouth 3 times a day #90 no refill, Ambien CR 12.5 mg 1 tablet at bedtime #30 no refill, Xanax 2 mg 1 tablet by mouth twice a day #60 no refills, Toradol 10 mg 1 tablet by mouth 3 times a day on an as needed basis only #10, and Dilaudid 4 mg 1 tablet by mouth every 8 hours as needed. The medications for the injured worker for 4 weeks were noted to be hydrocodone APAP 10/325 mg 1 to 2 tabs by mouth every 4 hours #240 for breakthrough pain, cyclobenzaprine 7.5 mg 1 tablet by mouth twice a day #60

for muscle spasms short-term use 8 weeks per MTUS, mirtazapine 15 mg 2 tablets at bedtime for depression and insomnia, fluoxetine 20 mg 1 tablet by mouth twice a day #60 or depression, and it was indicated that the OxyContin 40 mg, hydrocodone APAP 10/325 mg, and Dilaudid were prescribed with anticipation the injured worker had greater than 50% relief with prescribed medications and had an ability to function that would be significantly improved with the medication as he was able to perform activities of daily living more than 50% of the time. Additionally, there was no documented issue of abuse diversion or hoarding of the prescribed medication and no use of illicit drugs. The injured worker should have home muscle stretching exercises and continue aquatic therapy as authorized for a total of 12 sessions as well as deep breathing-type meditation as a relaxation technique. The documentation of 02/28/2014 revealed the injured worker had received greater than 50% relief with the prescribed medication and had an ability to function that was significantly improved with the medication as he was able to perform activities of daily living more than 50% of the time. The requested medications were noted to have been utilized since at least 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF AQUATIC THERAPY FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9-10 visits. The clinical documentation submitted for review indicated the injured worker had previously participated in aquatic therapy and was authorized for 12 sessions. There was a lack of documentation indicating the injured worker had objective functional benefit. There was a lack of documentation indicating the injured worker had a necessity for reduced weight bearing. Given the above, the request for 12 sessions of aquatic therapy for the lumbar spine is not medically necessary.

XANAX 2MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks

due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 10/2013; therefore, continued use would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 2 mg #60 is not medically necessary.

DILAUDID 4MG #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The duration of use was at least since 10/2013. The clinical documentation submitted for review indicated the injured worker had documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker was being monitored for aberrant drug behavior and side effects. However, the oral morphine equivalents would equal 264 mg of oral morphine equivalents which exceed guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dilaudid 4 mg #10 is not medically necessary.

CYCLOBENZAPRINE 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. The recommendation is less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 10/2013. There was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

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 (ODG) Pain Chapter, Ambien.

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

Decision rationale: The Official Disability Guidelines recommend Ambien for the short-term treatment of insomnia which is less than 6 weeks in duration. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 10/2013. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien CR 12.5 mg #30 is not medically necessary.

HYDROCODONE/APAP 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, as well as evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The duration of use was at least since 10/2013. The clinical documentation submitted for review indicated the injured worker had documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker was being monitored for aberrant drug behavior and side effects. However, the oral morphine equivalents would equal 264 mg of oral morphine equivalents which exceed guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone APAP 10/325 mg #240 is not medically necessary.

OXYCONTIN 40MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement and an objective decrease

in pain, as well as evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The duration of use was at least since 10/2013. The clinical documentation submitted for review indicated the injured worker had documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker was being monitored for aberrant drug behavior and side effects. However, the oral morphine equivalents would equal 264 mg of oral morphine equivalents which exceed guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 40 mg #90 is not medically necessary.