

Case Number:	CM14-0029454		
Date Assigned:	03/19/2014	Date of Injury:	03/04/2002
Decision Date:	04/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

35y/o male injured worker with date of injury 3/4/02 with related back pain, stiffness, and numbness in the left leg. He was diagnosed with displacement of the lumbar intervertebral disc without myelopathy; low back pain; thoracic/lumbosacral neuritis/radiculitis; and other post surgical status. He underwent a lumbar fusion at L4-S1 on 4/28/10 and a lumbar laminectomy, subsequent posterior fusion with instrumentation at L4-L5, and anterior lumbar interbody fusion at L5-S1 in May 2010. He underwent hardware insertion on 8/10/09 and 12/15/11. Lumbar computed tomography myelogram dated 2/21/12 showed post-surgical changes with pedicle screw instrumentation, interbody fusion at L4-5 and L5-S1, and apparent incomplete fusion with pseudoarthrosis at L5-S1. On 1/20/14, he underwent explantation of pedicle screw instrumentation with exploration of posterolateral fusion and bilateral posterolateral fusion with allograft and implantation of fixation devices at L4-5 and L5-S1. Treatment to date has included surgery, physical therapy, chiropractic, injections, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78, 93.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of MS Contin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. While a urine drug screen dated 12/23/13 was found to be appropriate, there is insufficient documentation comprehensively addressing pain relief and functional improvement in the records available for my review. The request would not be medically necessary for chronic pain, however, this request was made one month after a significant spine surgery, in the context of acute postsurgical pain, the request was medically necessary at that time.

INDERAL 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, online version, 19.3, Inderal Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes Chapter, Hypertension Treatment Section

Decision rationale: The 2/6/14 progress note indicates that this medication is used to assist with hypertension caused by increased pain levels only. The Official Disability Guidelines (ODG) recommends that blood pressure be controlled in patients with DM. However, the injured worker does not have DM. The documentation submitted for review do not adequately establish the medical necessity of this medication. It may be indicated to treat a non-industrial condition. However, the request is not medically necessary.

NORCO 10/325 MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. While a urine drug screen dated 12/23/13 was found to be appropriate, there is insufficient documentation comprehensively addressing pain relief and functional improvement in the records available for my review. The request would not be medically necessary for chronic pain, however, this request was made one month after a significant spine surgery, in the context of acute postsurgical pain, the request was medically necessary at that time.

PHYSICAL THERAPY 2 X6 LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks" The documentation submitted for review indicated that the worker was status post multiple surgeries, and was diagnosed with radiculitis. However, as the request is for more sessions than the recommended amount, the request is not medically necessary.

GABAPENTIN 600MG 3120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Section Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Section Page(s): 16-18.

Decision rationale: Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The documentation submitted for review do not address pain relief and improvement in function relative to the use of this medication. However, due to the surgical revision, the injured worker's condition has changed so Gabapentin may become effective for the new condition. Time should be given to evaluate the effect. Ultimately though, the request is not medically necessary as it calls for 2 refills.