

Case Number:	CM14-0035581		
Date Assigned:	07/23/2014	Date of Injury:	02/16/2007
Decision Date:	09/10/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 October 16, 2007. The patient is being treated for chronic low back pain. The patient describes his pain as 10 out of 10 without medication use. The pain is 6/10 with medication use. The patient is a smoker. Physical examination shows decreased deep tendon reflexes in the lower extremity. There is a normal cervical and thoracic examination. Lumbar physical examination shows tenderness palpation and decreased lumbar range of motion. Straight leg raising test is positive on the left side. There is decreased sensation to light touch in the left lower extremity. At issue is whether revision lumbar fusion surgery and multiple medications are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This medicine is a muscle relaxant that is indicated for short-term use. Guidelines do not support the use of muscle relaxants in the long-term for the treatment of chronic degenerative pain. Criteria for continued use of this medicine has not been met. Therefore, this request is not medically necessary.

Quazepam 15mg, #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 (Chronic), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The provider is requesting this medicine for sleep. There is no indication that the patient has difficulty sleeping in the medical records. Therefore, the use of this medication is not supported by documentation in the medical records. This medication is not recommended as a first-line medication for sleep disorders. There is no indication the patient has been using a first-line medication such as Ambien. The request of this medicine is not medically necessary.

Opana 10mg, #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records indicate that this patient has been using this medicine since the beginning of 2013. There is no documentation in the medical records of significant improvement in pain as a result of this medicine. Additionally, there is no documentation of objective findings demonstrating improvement in function with the use of this medicine. All opioids are not recommended for the treatment of chronic degenerative spine pain. Criteria for continued use of this medicine are not met.

Opana ER 20mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records indicate that this patient has been using this medicine since the beginning of 2013. There is no documentation in the medical records of significant improvement in pain as a result of this medicine. Additionally, there is no documentation of objective findings demonstrating improvement in function with the use of this medicine. All

purulence is not recommended for the treatment of chronic degenerative spine pain. Criteria for continued use of this medicine are not met.

Anterior-Posterior lumbar fusion revision surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-322. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

Decision rationale: This patient does not meet criteria for revision lumbar surgery. Specifically, the medical records do not document a recent trial and failure of conservative measures. There is no documentation a recent trial of physical therapy. The medical records do not document any evidence of lumbar instability, fracture, or tumor. Also, there is no documentation of failure previous fusion. There is no documentation of specific neurologic deficit that clearly correlate with imaging studies. There is no documentation of psychiatric consultation prior to revision lumbar surgery. Criteria for lumbar revision fusion surgery not met. Therefore, the request is not medically necessary.

Urine Toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Urine toxicology screening is not medically necessary. The region urine toxicology screening is not medically necessary is because narcotic pharmacologic treatment is not recommended for chronic low back pain. In addition, this patient does not demonstrated significant functional improvement with the previous use of narcotics. Long-term use of narcotics is not recommended for chronic back pain. Also, there is no evidence that this patient is enrolled in a functional restoration program. Continue narcotic use is not medically necessary and guidelines to not support in this case. Since continue narcotic use is not medically necessary, therefore urine toxicology screening is not medically necessary.