

Case Number:	CM14-0040282		
Date Assigned:	06/04/2014	Date of Injury:	01/08/1993
Decision Date:	07/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 61-year-old male who sustained an injury on 1/8/93. The mechanism of injury was unknown. The utilization review information and extensive clinical information reviewed, indicated the patient had chronic lumbar backache, bilateral knee region arthralgia, and recurrent myofascial strain. The patient was status post lumbar spinal fusion, technically with a failed spine surgery syndrome, bilateral knee region arthralgia, internal derangement and degenerative joint disease. The patient was dependent on multiple medications, conservative therapy for the treatment of chronic neuromusculoskeletal pain as well as reactive anxiety, depression, and insomnia. Valium, Ambien, and Percocet had been prescribed with some symptomatic relief. A urinary drug toxicity screening on 9/24/13, was positive for amphetamines and benzodiazepine metabolic products. The patient had also received intraarticular knee joint steroid injections for symptomatic relief. A handwritten follow-up report on 1/1/14, 12/10/13, and 11/27/13, (by the neurosurgeon) documented persistent symptomatology involving multiple body parts. The handwritings were poorly legible. The patient had painful restricted lumbar range of movements. A pain management physician's documentation on 10/22/13, indicated the patient was formerly discharged from the practice because of an Inconsistent urine toxicology test that had shown the use of methamphetamine. A subsequent follow-up report by another pain management physician documented tenderness, painful restricted lumbar range of movements and presence of an infected spot in the lumbar back. The patient was appropriately treated for the Infection with antibiotics. It appeared the patient was evaluated by a nurse practitioner on 1/15/14, 12/10/13, and 11/27/13, upon discharge from the pain management physician. A urinary drug screening was repeated on 11/27/13; the outcome of which was not available for review. findings MRI date 03/29/2013 Again noted is probable epiphytic small right inferior renal cyst. Right L4 and S1 pedicle screw and posterior rod fusion and left L3 and S1

pedicle screw and rod fusion. L5 laminectomy changes. Again noted are L3-L4, L4-L5, and L5-S1 interbody spacers with inferior extrusion of the L3-L4 interbody spacer. Minimal grade anterolisthesis of L3 on L4. Bone marrow signal within normal limits. Conus medullaris terminates at L1 level. T2 hyperintense signal in the posterior para spinal soft tissues at the level of L5 probably represents edema at the surgical site. L1-L2: Mild facet hypertrophy without spinal canal or neural foramen stenosis. L2-L3 Moderate facet hypertrophy and mild disc bulge result in mild spinal canal stenosis. L3-L4 Moderate facet hypertrophy and minimal disc bulge result in mild spinal canal stenosis. L4-L5: Moderate facet hypertrophy without spinal canal or neural foramen stenosis. L5-S1: Moderate facet hypertrophy without spinal canal or neural foramen stenosis. Recently in May 14 patient has undergone knee arthroscopy which reveals medial and lateral meniscus tear with grade 1 chondromalacia and intact ligaments. Prior utilization review in February 2014 denied necessity of medication and neurosurgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG, #120, 6 REFILLS,: Upheld

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

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

Decision rationale: The rationale is based on clinical records, recent laboratory report and CAMTUS guidelines. Recent drug evaluation test was positive for benzodiazepine on 9/24/13. The CA MTUS Guidelines indicate, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxants. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)." These medications are only indicated for the treatment of acute anxiety. Their use in chronic anxiety is not proven. Additionally, tolerance, habituation, possible addiction and dependence are serious concerns especially when used with opioids, alcohol, muscle relaxants etc. Anxiety may in fact worsen with chronic use. Hence the request treatment for Valium 10mg, #120, six refills is not medically necessary.

AMBIEN 10MG,#30, 6 REFILLS,: 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).

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

Decision rationale: As per medical records no evidence of acute insomnia or acute exacerbation of insomnia is noted. This medication is not indicated as medically necessary. Official Disability Guidelines do not support its use as mentioned below. Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Zolpidem reduces sleep latency and a delayed release facilitates sleep maintenance. Side effects: headache, daytime drowsiness, dizziness, blurred vision, confusion, abnormal thinking and bizarre behavior have occurred. Sleep driving and other activities for which the patient has no recollection may occur. The medication should be discontinued if the latter occurs. Abrupt discontinuation may lead to withdrawal. Dosing: Ambien 5 to 10 mg at bedtime (5 mg in women, the elderly and patients with hepatic dysfunction); Ambien CR 6.25 to 12.5 mg at bedtime (6.25 mg in women, the elderly and patients with hepatic dysfunction) (Morin, 2007). Adults who use Zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. (Kripke, 2012) Due to adverse effects, FDA now requires lower doses for Zolpidem. The request is not medically necessary.

NEUROSURGEON CONSULTATION,: 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).

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

Decision rationale: Rationale regarding decision for neurosurgeon consultation, not medically necessary is based on clinical records, recent clinical and MRI evaluation and guidelines. Findings MRI date 03/29/2013 and clinical evaluation on 3/21/14 reveals no surgical intervention required and continuation of medical management suggested. The Guidelines indicate, "Office visits: Recommended as determined to be medical necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for an office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician's judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require dose monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The multiple follow-up reports on November 2013, December 2013, and January 2014 do not indicate presence of any significant new onset neurological dysfunction or radiculopathy: there are no acute red flag conditions such as a recurrent trauma, tumor, dislocation, or Infection. There is no documentation of worsening of pre-existing radiculopathy or neurological deficit. Currently, the patient is not a candidate for a consideration of surgery. The patient's fusion was

stable. The patient's predominant issue is noncompliance with the narcotic medication contract and he requires rehabilitation, which is not the function of a neurosurgeon, therefore this request is not medically necessary.

PERCOCET 10/325MG, #120, 6 REFILLS,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

Decision rationale: Percocet is the brand name of an Oxycodone and acetaminophen combination drug, produced by [REDACTED]. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as effective in controlling both acute and chronic pain. They are often used for intermittent or breakthrough pain. The Low Back Chapter for recommendations in acute pain, where opioids are not recommended except for short term use for severe cases, not to exceed two weeks. Not recommended as a first-line therapy for osteoarthritis. Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, Hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (Oxymorphone, Oxycodone, hydromorphone, fentanyl, morphine sulfate). Medical records do not provide any history of use or weaning of opioids, or exhaustive trial of NSAIDS, also no opinion by pain management consultant regarding opioid medication noted. The request is not medically necessary.