

Case Number:	CM14-0049414		
Date Assigned:	08/06/2014	Date of Injury:	12/15/2004
Decision Date:	09/10/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 Pain Management and is licensed to practice in Georgia. 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 claimant presents with chronic pain following a work related injury on 07/15/2004. On 07/24/2014, the claimant complained of neck and back pain. The claimant is status post lumbar and cervical fusion. The claimant has a spinal cord stimulator in place. The claimant's medications included Opana ER 15 mg TID, Percocet 10/325mg BID, Gabapentin 600mg TID and Ambien 10mg QHS. The physical exam showed moderate tenderness and spasm in the right paracervical musculature and right trapezius, neck extension and flexion minimal, low back midline tenderness and spasm in the right paralumbar muscles, limited range of motion is limited in extension to less than 5 degrees and lateral bending bilaterally 15 degrees as well as antalgic gait with cane. The claimant was diagnosed with failed back syndrome cervical and lumbar spine, status post permanent implantation of Medtronic spinal cord stimulator, status post anterior and posterior lumbar fusion, status post multi-level anterior cervical discectomy and fusion, bilateral S1 radicular pain stable with spinal cord stimulator, opioid dependence, history of osteomyelitis/discitis, right shoulder pain possibly secondary to use of cane and uncontrolled hypertension. A claim was made for a referral, urine drug screen and various medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of authorization for consult with [REDACTED] MD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 92.

Decision rationale: Extension of authorization for consult with [REDACTED] MD is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not meet any of the above criteria; therefore, the requested service is not medically necessary.

Opana ER 50mg #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): 79.

Decision rationale: Opana ER 50 mg # 90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids the medication.

Percocet 10/325mg # 30: 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): 79.

Decision rationale: Percocet 10/325mg #30 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Lyrica 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 19.

Decision rationale: Lyrica (Pregabalin) 150 mg # 60 is not medically necessary. Per Ca MTUS Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia. There is also no documentation that the claimant has failed other first line AEDs; therefore, the request is not medically necessary.

Ambien 10mg #30: Upheld

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

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

Decision rationale: Ambien 10mg #30 is not medically necessary. The ODG states that Ambien "is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical

records it is unclear how long the claimant was on the medication. Additionally, there is no documentation of sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Ambien is not medically necessary.

Urine Drug Screen: 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: Urine Drug Screen is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients' at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) There is no documentation of her urine drug testing limited to point of care immunoassay testing. Additionally the provider did not document risk stratification using a testing instrument as recommended in the Ca MTUS to determine frequency of UDS testing indicated; therefore the requested services not medically necessary.