MAXIMUS Federal Services

Case Number:	CM14-0051654		
Date Assigned:	07/07/2014	Date of Injury:	12/29/2004
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 patient is a 46-year-old male who has submitted a claim for two-level lumbar discopathy, and mild degenerative disc disease at C5-C6, status post two-level lumbar fusion (02/03/2010), and removal, fusion inspection, and grafting of screw holes (09/19/2012); associated with an industrial injury date of 12/29/2004.Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain with bilateral lower extremity radiculopathy, primarily aggravated by physical activity. Physical examination showed tenderness over the lumbar paraspinous musculature. Range of motion was limited. Spasm on lumbar range of motion was noted. Sciatic nerve compression test was positive bilaterally. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 04/03/2014, denied the request for physical therapy because there was no documentation of functional improvement achieved with previous sessions, or why the patient needs to return to supervised exercise therapy rather than continuing with a fully independent home exercise program; denied the request for Norco because of noted aberrance behavior with inconsistent UDS, as well as lack of documented efficacy; denied the request for zolpidem because the duration of use appears to exceed the recommended 2-6 week use; and denied the request for urine drug screening because that patient has had 2 inconsistent urine drug screens, and repeat urinalysis is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; eight sessions, two times a week for four weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent two-level lumbar fusion (02/03/2010), and removal, fusion inspection, and grafting of screw holes (09/19/2012), and complains of low back pain with radicular symptoms despite post-operative physical therapy and medications. However, there is no objective evidence of functional improvement from previous physical therapy. Moreover, the patient should be well-versed in a home exercise program, having had physical therapy in the past. Therefore, the request for PHYSICAL THERAPY; EIGHT SESSIONS, TWO TIMES A WEEK FOR FOUR WEEKS, LUMBAR SPINE is not medically necessary.

Norco 10/325 mg, #60, one by mouth every six to eight hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use of opioids; therapeutic trial of opioids.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and 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. In this case, patient has been prescribed Norco since at least October 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, the patient has had 4 previous urine drug screens on 03/07/2014, 02/07/2014, 01/10/2014, and 12/06/2014, which have all been inconsistent with prescribed medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10/325 MG, #60, ONE BY MOUTH EVERY SIX TO EIGHT HOURS is not medically necessary.

Ambien 10 mg, #30, one by mouth at hour of sleep as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

Decision rationale: The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Ambien for insomnia since at least October 2013, which is clearly beyond the recommended duration of use. In addition, medical records submitted for review show no objective evidence of improvement in the quality and duration of sleep. Therefore, the request for ambien 10mg #30, one by mouth at hour of sleep as needed is not medically necessary.

Urinalysis (retrospective request, DOS 03/07/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Criteria for the use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug tests have been performed on 03/07/2014, 02/07/2014, 01/10/2014, and 12/06/2014, which exceeds the recommended amount of urine drug tests given that the patient is low risk for drug abuse. Therefore, the urinalysis (retrospective request, dos 03/07/14) is not medically necessary.