

Case Number:	CM14-0054313		
Date Assigned:	07/07/2014	Date of Injury:	12/15/1989
Decision Date:	08/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 Sports 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 58-year-old male who reported an injury on 11/30/1988. The mechanism of injury was not provided in the medical records. His current diagnoses include status post bilateral sacroiliac joint arthrodesis, thoracolumbar arthrodesis, and a broken pedicle screw at the T11 on the left. His previous treatments include medications, chiropractic therapy, physical therapy, and injections. Per the clinical note dated 01/07/2014, the injured worker presented for his routine evaluation regarding his back pain. He reported he continued to have pain in the midline lumbar spine and in the lumbar musculature. He reported he had a previous bilateral sacroiliac joint arthrodesis in 08/2013 which had improved much of his pain. He reported his current pain medications helped him to continue functioning. On evaluation of the lumbar spine, the physician reported flexion and extension was limited to 50% of normal. The physician reported the injured worker had a normal gait and stance and ambulated with a forward flexion position. The physician reported an X-Ray dated 11/18/2013 revealed evidence of a broken pedicle screw at the T11 pedicle on the left. To immobilize the T11 vertebra, the physician recommended a thoracolumbar orthotic brace and an external bone growth stimulator to ensure appropriate fusion. Within the most recent clinical note dated 01/08/2014, the injured worker was in for medication maintenance. The injured worker reported pain in his bilateral legs, bilateral buttocks, thoracic spine, bilateral low back and groin area. He reported that his pain with medications was a 5-6/10 and without medication a 9-10/10. The current medications include OxyContin, morphine sulfate, Xanax, Carisoprodol, Lyrica, Sonata, Restoriel, Seroquel, Lexapro, and Wellbutrin. The treatment plan included a refill of medications and to continue to evaluate the injured worker's medication regimen for chronic pain and make alteration as necessary. The physician also recommended for the injured worker to continue his activities as tolerated, aquatic therapy exercises, and daily stretches to help minimize his pain. The injured

worker has been using the medications Sonata and morphine sulfate for approximately 11 months. The current request is for Sonata 10 mg #30, morphine sulfate 15 mg #120, 1 bone growth stimulator and 1 TLSO brace. The rationale was not provided for Sonata 10 mg and morphine sulfate 15 mg. The rationale for 1 bone growth stimulator and 1 TLSO brace was to ensure appropriate fusion and to immobilize the T11 vertebra. The Request for Authorization for a TLSO brace and external bone growth stimulator thru EBI was provided on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #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, Pain (Chronic).

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

Decision rationale: The request for Sonata 10 mg #30 is not medically necessary. The Official Disability Guidelines for insomnia treatment state the specific components of insomnia should be addressed, sleep onset, sleep maintenance, sleep quality, and next day functioning. The guidelines state that Zaleplon (Sonata) reduces sleep latency and is recommended for short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. The clinical documentation provided failed to indicate that the injured worker was having issues with insomnia. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality and next day functioning. The clinical documentation provided indicated the injured worker had increased pain; however, there was no indication that the injured worker had insomnia. Therefore, the request for Sonata 10 mg #30 is not supported by the guidelines. As such, the request for Sonata 10 mg #30 is not medically necessary.

Morphine sulfate 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain-on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The current request for Morphine Sulfate 15 mg #120 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include routine office visits and detailed documentation of extent of pain relief, functional status in regards to activities of daily living, appropriate medication use or aberrant drug behaviors, and adverse side effects. The pain assessment should include current pain; the last reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioids and how long it takes for pain relief, and how long

the pain relief lasts. The documentation submitted for review indicated the injured worker's pain rating was a 5-6/10 with medications and a 9-10/10 without medications. However, there was no indication of functional improvement with activities of daily living, adverse side effects with the use of opioids and if there was aberrant drug behavior. There also was no documentation submitted for a recent urine drug screen showing constant results to verify appropriate medication use. As such, the request for morphine sulfate 15 mg #120 is not medically necessary.

1 bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone growth stimulators (BGS).

Decision rationale: The request for 1 bone growth stimulator is not medically necessary. The Official Disability Guidelines for bone growth stimulators state bone growth stimulators for the low back are under study. The criteria for use for invasive or non-invasive electrical bone growth stimulator may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. The clinical documentation provided indicated the injured worker had a broken pedicle screw at the T11 pedicle on the left; however, there was no indication of a failed spinal fusion, Grade III spondylosiethesis, or risk factors that would support the use of the bone growth stimulator. As such, the request for 1 bone growth stimulator is not medically necessary.

1 TLSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The current request for 1 TSLO brace is not medically necessary. The California MTUS/ACOEM Guidelines indicate that lumbar supports are not recommended beyond the acute phase of symptom relief. The clinical documentation provided indicated the patient had a loose pedicle screw at the T11 pedicle; however, the guidelines do not support the

use of lumbar supports for chronic pain. As such, the request for 1 TSLO brace is not medically necessary.