

Case Number:	CM14-0080639		
Date Assigned:	08/06/2014	Date of Injury:	07/10/1995
Decision Date:	09/23/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/02/2014

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, Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 07/10/1995. The mechanism of injury was not specifically stated. Current diagnoses include cervicgia with radiculopathy, lumbago with bilateral radiculopathy, myofascial syndrome, reactive depression and anxiety, spinal cord stimulator revision, and explant of spinal cord stimulator on 12/18/2013. Previous conservative treatment is also noted to include medication and physical therapy. The injured worker was evaluated on 05/06/2014 with complaints of persistent pain. Physical examination on that date revealed significant paraspinous muscle spasm in the lumbar area and the posterior aspect of the bilateral lower extremities, severe cervical muscle spasm with multiple tender trigger point areas in the neck and upper trapezius muscle groups, occipital tenderness, decreased range of motion of the cervical and lumbar spine, motor weakness in the right upper extremity, sciatic notch tenderness, focal tenderness over the facets with a positive provocation, sacroiliac joint tenderness, positive straight leg raising bilaterally, and a shuffling gait. It is noted that the injured worker's current functional status has significantly diminished due to the denial of the current medication regimen. Current medications include Oxycontin, oxycodone, Norco, Soma, Flexeril, Zolpidem, and Xanax. Treatment recommendations at that time included continuation of the current medication regimen and MRI of the cervical and lumbar spine. A Request for Authorization form was then submitted on 05/20/2014 for Oxycontin, oxycodone, Norco, Soma and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Although it is noted that the injured worker demonstrates limited range of motion of the cervical spine with weakness in the right upper extremity, there is no documentation of further neurological or orthopedic testing. There is no physiologic evidence of tissue insult or nerve dysfunction. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. As per the documentation submitted, the injured worker does demonstrate positive straight leg rising. However, there is no documentation of further neurological testing. The medical necessity for the requested imaging study has not been established. As such, the request is not medically necessary and appropriate.

Oxycotin: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 07/2012. There is no documentation of objective functional improvement. There is no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary and appropriate.

Oxycodone: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 07/2012. There is no documentation of objective functional improvement. There is no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary and appropriate.

Norco: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 07/2012. There is no documentation of objective functional improvement. There is no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary and appropriate.

Soma: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker had continuously utilized this medication since 2012. There is no documentation of objective functional improvement. The California MTUS Guidelines do not recommend long term use of muscle relaxants. There is no strength, frequency or quantity listed in the request. As such, the request is not medically necessary and appropriate.

Flexeril: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker had continuously utilized this medication since 2012. There is no documentation of objective functional improvement. The California MTUS Guidelines do not recommend long term use of muscle relaxants. There is no strength, frequency or quantity listed in the request. As such, the request is not medically necessary and appropriate.

Zolpidem: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker has utilized this medication since 07/2012. The injured worker does not maintain a diagnosis of insomnia. There is no strength, frequency or quantity listed in the request. As such, the request is not medically necessary and appropriate.

Xanax #30: 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 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term use is unproven and there is a risk of dependence. The injured worker has utilized this medication since 07/2012. The injured worker does not maintain a diagnosis of anxiety disorder. There is also no strength or frequency listed in the request. As such, the request is not medically necessary and appropriate.