

Case Number:	CM14-0184361		
Date Assigned:	12/16/2014	Date of Injury:	05/01/2002
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 53 year old male with date of injury 5/1/02. The treating physician report dated 9/23/14 (1404) indicates that the patient presents with back pain, "severe pain. Can't get meds and it really hurts. Needs help for most activities of daily living (ADLs). Crutches are worn out." The treating physician also notes that the patient has leg pain/sciatica, pain in the feet and neck pain. The treating physician states that the pain is rated a 7/10 with medications. The physical examination findings reveal tenderness throughout the spine, decreased ranges of motion affecting the cervical and lumbar spine, deformity and presence of scar in the left lower extremity and calf atrophy. Prior treatment history includes long term medication management. The current diagnoses are: 1. Low back pain 2. Reflex sympathetic dystrophy (RSD) lower limb. The utilization review report dated 10/22/14 denied the request for Ambien 10mg #30, Methadone 10mg #180, Oxycodone 30mg #540 and 1 pair of crutches based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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) Online Pain Chapter: Zolpidem (Ambien)

Decision rationale: The patient presents with chronic severe lower back pain, radiating pain to lower extremities and neck pain. The current request is for Ambien (Zolpidem) 10mg #30. The treating physician states that the patient is currently taking 11 medications for pain and is currently taking Ambien 10mg 1 tablet, PO, QHS, 30 days, 4 refills. The MTUS guidelines do not address Ambien. The ODG guidelines state that Ambien is recommended for short term 7-10 day's treatment of insomnia. In this case the treating physician has prescribed this medication since at least 8/24/14 and has prescribed this medication for long-term use. The ODG only recommends Ambien for short-term usage. Therefore, this medication is not medically necessary.

Methadone 10mg #180: 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): 78, 88-89.

Decision rationale: The patient presents with chronic severe lower back pain, radiating pain to lower extremities and neck pain. The current request is for Methadone 10mg #180. The treating physician report dated 9/23/14 states that the patient has severe pain and rates the pain with medications as a 7/10. There is no discussion regarding how the medication affects the patient's ability to function or perform ADLs. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the medical records provided failed to document any of the required documentation for ongoing opioid usage. There were no before or after pain scales, there was no record of any functional benefit from medication usage and there was no documentation of aberrant behaviors. The treating physician simply states, "Recommend patient with severe pain helped with a lot of medicine." Recommendation is for denial as this request is not medically necessary. In this case, the medical records provided failed to document any of the required documentation for ongoing opioid usage. There were no before or after pain scales, there was no record of any functional benefit from medication usage and there was no documentation of aberrant behaviors. The treating physician simply states, "Recommend patient with severe pain helped with a lot of medicine." Recommendation is for denial as this request is not medically necessary.

Oxycodone 30mg #540: 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): 78, 88-89.

Decision rationale: The patient presents with chronic severe lower back pain, radiating pain to lower extremities and neck pain. The current request is for Oxycodone 30mg #540. The treating physician report dated 9/23/14 states that the patient has severe pain and rates the pain with medications as a 7/10. There is no discussion regarding how the medication affects the patient's ability to function or perform ADLs. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case the medical records provided failed to document any of the required documentation for ongoing opioid usage. There were no before or after pain scales, there was no record of any functional benefit from medication usage and there was no documentation of aberrant behaviors. The treating physician simply states, "Recommend patient with severe pain helped with a lot of medicine." Therefore, the request for Oxycodone 30mg #540 is not medically necessary and appropriate.

1 pair of crutches: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Online Knee chapter: Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: The patient presents with reflex sympathetic dystrophy (RSD), chronic severe lower back pain, radiating pain to lower extremities and neck pain. The current request is for 1 pair of crutches. The treating physician states that the patient's crutches are worn out and that he requires new crutches to assist with ambulation. The MTUS guidelines do not discuss crutches. The ACOEM guidelines state, "For example, treatment could include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and leg by adjusting the amount of force applied with arms on the crutches." The ODG guidelines go on to state that crutches are, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid." In this case the treating physician has documented that the patient requires usage of a walking aid and has recommended a new pair of crutches which is supported by ACOEM and ODG. Therefore, the request for one pair of crutches is medically necessary and appropriate.