

Case Number:	CM14-0199834		
Date Assigned:	12/10/2014	Date of Injury:	08/15/2011
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 an injured worker who had lumbosacral spine surgery in 2013 and July 8, 2014. Date of injury was August 15, 2011. The medical letter dated January 16, 2014 documented that the patient had fusion and decompression of the spine from L4 to S1 and right total hip replacement. He has back pain and pain in and around his left hip. The progress report dated February 19, 2014 documented that the patient has tenderness in his low back. He has some burning in his left foot. The strength has continued as normal. Examination showed dysesthesia over the top of the left foot. He has excellent strength of dorsiflexion of his foot and great toe as well as eversion of his foot and ankle. He has some slight diminution of the left ankle jerk. He has arthritic changes in the hip and a Trendelenburg gait, consistent with hip arthritis. The preoperative evaluation note dated July 8, 2014 documented previous back surgery in 2013. Total hip replacement was performed in 2012. Medications included Cyclobenzaprine, Flomax, Lyrica, Morphine Sulfate, and Percocet. Diagnoses included obstructive sleep apnea, spinal stenosis of lumbar region with radiculopathy, history of total hip replacement, and history of back surgery. Operative report dated July 15, 2014 documented removal of hardware in the lumbar spine. X-ray of the lumbar spine demonstrated stable fusion of the spine from L4 to S1, with bone stimulator, incomplete healing at the L4-5 level. The progress report dated November 12, 2004 documented that the patient has not started physical therapy. Regarding pain, medications help greatly as he recovers from his surgery that he had done July 2014. The medications help improve his functionality. Pain level without medications is 7/10. Pain level with medications is 5/10. Low back pain with bilateral lower extremity radiation was noted. Alleviating factors was medications. Activities of daily living improve with medication. Physical examination was documented. The patient was ambulating with no assistive devices, and antalgic gait. Lumbar spine tenderness was noted. Active range of motion demonstrated flexion 30

degrees. Left seated straight leg raising test positive. The treatment plan included MS Contin 15 mg, Percocet 10/325 mg, Melatonin, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document that the patient had lumbosacral spine surgery in 2013 and July 8, 2014. Medical history included past total hip replacement and shoulder surgeries. Medical records document objective evidence of pathology on physical examination and imaging studies. Analgesia and activities of daily living were addressed. Medical records document regular physician clinical evaluations. Medical records provide support for the prescription of MS Contin. Therefore, the request for MS Contin 15mg is medically necessary.

Percocet 10mg-325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document that the patient had lumbosacral spine surgery in 2013 and July 8, 2014. Medical history included past total hip replacement and shoulder surgeries. Medical records document objective evidence of pathology on physical examination and imaging

studies. Analgesia and activities of daily living were addressed. Medical records document regular physician clinical evaluations. Medical records provide support for the prescription of Percocet 10/325 mg. Therefore, the request for Percocet 10mg-325mg is medically necessary.

Melatonin 1mg: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does address Melatonin. Official Disability Guidelines (ODG) state that Melatonin is recommended. There are experimental and clinical data supporting an analgesic role of melatonin. In published studies melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has been shown to have analgesic benefits in patients with chronic pain. The repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. Medical records document that the patient had lumbosacral spine surgery in 2013 and July 8, 2014. Medical history included past total hip replacement and shoulder surgeries. Medical records document chronic pain. Official Disability Guidelines (ODG) support the use of Melatonin. Therefore, the request for Melatonin 1mg is medically necessary.

Physical Therapy Evaluation and Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for low back fusion surgery, 34 visits of postsurgical physical therapy are recommended. The patient is an injured worker who had lumbosacral spine surgery in 2013 and July 8, 2014. Operative report dated July 15, 2014 documented removal of hardware in the lumbar spine. X-ray of the lumbar spine demonstrated stable fusion of the spine from L4 to S1, with bone stimulator, incomplete healing at the L4-5 level. The progress report dated November 12, 2004 documented that the patient has not started physical therapy. The request for authorization requested physical therapy back referral, without specifying the number of physical therapy PT treatments. Because the number of PT treatments was not specified, the request for physical therapy cannot be endorsed. Therefore, the request for Physical Therapy Evaluation and Treatment is not medically necessary.