

Case Number:	CM14-0203690		
Date Assigned:	12/16/2014	Date of Injury:	04/26/1999
Decision Date:	02/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old female with a work injury dated 4/26/99. The diagnoses include lumbar radiculopathy chronic, with status post lumbar spine micro discectomy on 03/07/01 and lumbar spine fusion on 1/04/02 with significant residual i.e. failed back syndrome; gastrointestinal upset due to anti-inflammatory and opioid medication; secondary insomnia due to pain; secondary depression; cerebrovascular accident with left sided weakness. There is a 10/17/14 primary treating physician progress report/request for authorization that states that the patient has a history of low back pain with radiation to the lower extremities with cramping greater on the left than the right. The patient continues to be on morphine at this time, which she states helps with her pain. The patient appears to be in a depressed mood. The patient saw another physician on 09/19/14, where he recommended MRI and CT scan of the lumbar spine as well as pain management referral and recommendation for physical therapy secondary to left sided weakness to increase strength and improve mobility, which would also help with the patient's depressed mood secondary to feeling helpless and not being able to function as much as she wishes she could. The current opioids do help with the patient's pain level, decreasing it at least by 50-60%, it does help -with activities of daily living and I-ADL as it relates to, the low back, the patient has impairment because of recent stroke but it does help with activities of daily living as it relates to her lower back pain as it hurts less so she is able to do activities of, daily living; only being limited by her stroke, There is no aberrant behavior; she only receives opioids from my office. There are no significant side effects from opioids. There is an MIR dated 04/26/13 without contrast that reveals: 1)Post-surgical changes from a posterior spinal fusion and posterolateral fusion at L5-S I level without evidence for discitis, osteomyelitis, arachnoiditis, a psuedomeningocele or adjacent level degeneration; 2) No significant spinal canal stenosis, lateral recess stenosis, or evidence for nerve root impingement at any of the imaged

levels; 3) Fissuring of the anterior portion of the annulus at the L2-3 level which has developed since the prior MRI on 08/10/10; 4) Disc desiccation and fissuring of the right posterior portion of the annulus at the LS-SI level, which is unchanged compared to MRI on 08/10/10; 5) Moderate osteoarthritis of the L4-5 facet joints which is similar to MRI on 08/10/10; 6) Moderate fatty atrophy of the paraspinal muscles in the lumbosacral region, which is similar compared to the prior MRI on 08/10/10. On exam the patient's mood and affect are moderately depressed. The patient was in a wheelchair and wearing a long AFO brace on the left leg. Gait was not examined due to recent stroke with left sided leg and arm weakness. Left arm was in a shoulder sling. Her reflexes were on the right knee and ankle and left knee and ankle. There is trace pedal edema in the ankles somewhat more on the left. There is continued moderate paralumbar muscle spasm. Surgical scars are noted and they are slightly tender. Range of motion testing was not done. Straight leg Test was not done because of stroke. Lasegue's Test was not done because of stroke. The discussion states. The patient has remained on the same regimen in spite of her subsequent injury of 05/08 which caused most of the injury to the left foot and ankle. The patient developed complex regional pain syndrome and it has secondarily increased her low back pain to some degree. It was felt that Lyrica did not contribute to the cause of patient's stroke. The treatment plan includes nephrology consultation, MRI, CT scan of the lumbar spine, physical therapy for left sided weakness, continue opioids; pain management consult is pending, continue interferential unit stimulator, continue lumbosacral brace, remain off NSAIDs due to hemorrhagic conversion of ischemic stroke.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

Decision rationale: Morphine IR 15mg #120 is not medically necessary. The MTUS states that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates Morphine 60 mg quantity 90 (every 8 hours) was certified on prior utilization review dated 11/7/14. The addition of Morphine IR 15mg #120 (every 4 hours as needed for breakthrough pain) would bring the Morphine Equivalent Dose (MED) to 240mg/day. There are no extenuating factors documented which would recommend going against guideline recommendations of exceeding the MED. The request for Morphine IR 15mg #120 is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -MRIs (magnetic resonance imaging).

Decision rationale: Lumbar MRI is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies are reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The patient's exam findings appear chronic and stable. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.

Lumbar CT scan: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- CT (computed tomography).

Decision rationale: Lumbar CT is not medically necessary per the MTUS and the ODG guidelines. The MTUS ACOEM guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures) .The ODG states that a lumbar CT is not necessary unless there is lumbar trauma, myelopathy, a pars defect not identified on x rays, or status post fusion if x-rays do not confirm a successful fusion. The documentation does not indicate new trauma or physical exam evidence of myelopathy or a possible pars defect on x-rays. The patient has chronic low back pain and a history of a stroke with left sided weakness. There are no significant changes on physical exam from prior visits. The documentation is not clear how this will change her treatment plan. The request for lumbar CT is not medically necessary.

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Restoril 30mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Restoril is a benzodiazepine. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Restoril longer than the recommended 4 week. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Restoril is not medically necessary.

Physical Therapy 2 x 6: 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 and 99.

Decision rationale: Physical therapy 2 x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the physical therapy is requested due to patient's left sided hemiparesis from a stroke in 2013. The patient also has low back pain radiating into the lower extremities. The patient has had rehabilitation post stroke. For the lumbar spine the request exceeds the recommended number of visits for this condition. The patient should be versed in a home exercise program at this point. The MTUS recommends a fading of frequency towards an independent home exercise program. The request for physical therapy 2 x 6 is not medically necessary.