

Case Number:	CM14-0204161		
Date Assigned:	12/16/2014	Date of Injury:	02/04/1999
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
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 Rehabilitation, has a subspecialty in Interventional Spine 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 65-year-old female with an injury date of 02/04/1999. Based on the 09/09/2014 progress report, the patient complains of low back pain which radiates to her legs. She indicates that her pain is constant in nature and has difficulty performing activities of daily living independently due to this. She is unable to complete housekeeping duties on her own and needs aid in bathing, dressing, cooking, cleaning, and doing laundry and other household chores. She notes functional improvement and pain relief with the adjunct of the medications. The patient is unable to sleep at night due to her pain. She ambulates with a cane and has a positive sitting straight leg raise bilaterally. The patient's diagnoses include the following: Status post circumferential fusion of L4-L5. Intermittent lumbar radiculopathy. The utilization review determination being challenged is dated 11/04/2014. There is one treatment report provided from 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with low back pain which radiates to her legs. The request is for Ultram 50 MG #60 with 2 refills. It is unclear when the patient began taking Ultram. MTUS Guidelines pages 88 and 89 state, "Patient should be assessed at each visit, functioning should be measured at 6-month intervals using the numerical scale or a validated instrument." MTUS page 76 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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 09/09/2014 report states that the patient is unable to bathe, dress, cook, clean, do laundry, among many other household chores. She notes functional improvement of pain with the adjunct of the medications. None of the 4 A's were addressed in the documents provided as required by MTUS Guidelines. The treater fails to provide any pain scales. There are examples of ADLs provided, however, they do not demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screens to monitor for medicine compliant are not addressed. The treating physician has failed to provide the minimal requirements of documentation that are outlined in MTUS Guidelines for continued opiate use. The requested Ultram is not medically necessary.

Volatren 75mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications for chronic pain Page(s): 22; 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Voltaren® Gel (diclofenac).

Decision rationale: The patient presents with low back pain which radiates to her legs. The request is for Voltaren 75 mg #60 with 2 refills. There is no indication of when the patient began using Voltaren. California MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the medication use. Specific to Voltaren, ODG updates, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." In this case, ODG guidelines caution that Voltaren should not be used first line due to its risk profile. The treater should consider another NSAID. Furthermore, there is lack of any documentation regarding

what Voltaren has done for the patient's pain and function, as required by MTUS Guidelines page 60. The request for Voltaren is not medically necessary.

Ambien 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient presents with low back pain which radiates to her legs. The request is for Ambien 10 MG #30 with 2 refills. There is no indication of when the patient began taking this medication. MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines mental illness and stress chapter, zolpidem (Ambien) state, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, the patient has reported difficulty sleeping due to her pain. "She notes improvement in her sleeping pattern with the use of Ambien." It is unknown when the patient began taking this medication and it is unknown if this medication is prescribed on a long-term basis, which is not indicated by ODG Guidelines. ODG Guidelines support only 7 to 10 days of this medication for insomnia. Therefore, the requested Ambien is not medically necessary.

Home health care assistance 6 hours a day, 7 days a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The patient presents with low back pain which radiates to her legs. The request is for a Home Health Care Assistance 6 Hours a Day, 7 Days a Week. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatment for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The 09/09/2014 report states the patient is unable to bathe, dress, and cook, clean, do laundry, among other household chores. There is no discussion provided regarding the request. The requested home health care assistance 6 hours a day, 7 days a week exceeds what is allowed by MTUS Guidelines. MTUS Guidelines recommend "generally up to no more than 35 hours per

week." In addition, there is no documentation of paralysis, significant neurologic deficits with functional loss that prevent this patient from self-care and performing the necessary ADLs. MTUS does not support home care assistance, if this is the only care that is needed. This patient does not present with any organic basis for inability to perform home duties. The requested home health care assistance is not medically necessary.

Housekeeping assistance 2 days/week for 4 hours a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The patient presents with low back pain, which radiates to her legs. The request is for housekeeping assistance 2 days/week for 4 hours a day. There was no discussion provided regarding this request. The MTUS Guidelines page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The 09/09/14 report indicates that the patient is unable to bathe, dress, and cook, clean, do laundry, among other household chores. Other than this statement, there is no documentation of paralysis, significant neurologic deficits with functional loss that would prevent this patient from self-care and performing the necessary ADLs. MTUS Guidelines do not support home care assistance if this is the only care that is needed. This patient does not present with any organic basis for inability to perform home duties. The requested housekeeping assistance is not medically necessary.