

Case Number:	CM15-0000664		
Date Assigned:	01/12/2015	Date of Injury:	04/22/2006
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 04/22/2006 after he was hit from behind by another vehicle while driving. He has subsequent lower back pain radiating to the bilateral lower extremities to the ankles and was diagnosed with lumbar degenerative disc disease and post-laminectomy syndrome. Treatment to date has included oral pain medication, physical therapy and a lumbar spinal fusion. Documentation shows that Vicodin and Soma had been prescribed since at least 08/04/2014. Currently the IW complains of continued stinging and numbness to the bilateral lower extremities that affected his ability to perform ADL's and was somewhat relieved by medication. Objective physical examination findings were notable for an antalgic gait, tenderness to palpation of the lower lumbar spine, pain to light touch along the bilateral upper and lower extremities, reduced range of motion of the cervical and lumbar spine and a positive straight leg raise on the right. The motor function in the bilateral lower extremities was also noted to be markedly reduced. The physician noted that an MRI of the lumbar spine would be ordered to assess the IW's worsening lumbar spine pain, trial with spinal cord stimulator would be recommended for continued back and leg pain with need for psych clearance, TENS unit would be ordered upon IW request, and Vicodin and Soma would be ordered for spasms. On 12/23/2014, Utilization Review non-certified requests for Vicodin, Soma, MRI of the lumbar spine, referral for psych clearance and a TENS unit, noting that functional improvement with the use of opioid medication has not been documented, Soma is not supported for long term use, repeat MRI is reserved for a significant change in symptoms or findings of significant pathology, there is an absence of support for the clinical efficacy of

TENS and that since the IW did not meet criteria for a spinal cord stimulator, he would not be a candidate for referral for psych clearance. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5-750mg #120/30 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lower back pain, bilateral leg pain, bilateral ankle pain. The treater has asked for Hydrocodone/APAP 7.5 - 750mg #120/30 days supply on 10/27/14. Patient has been taking Hydrocodone/APAP since 8/4/14 report. For chronic opioids 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 4As (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 treater indicates a decrease in pain with current medications which include Hydrocodone, stating "his pain medications are providing some relief" per 10/27/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology report on 8/4/14 showed consistent with prescribed medications- Hydrocodone, Carisoprodol. Other than a urine drug screen, no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: This patient presents with lower back pain, bilateral leg pain, bilateral ankle pain and is s/p L3-S1 posterior level interbody fusion from 11/21/11. The treater has asked for

MRI of the lumbar spine on 10/27/14 "to assess the patient's worsening lumbar spine pain." The patient had an MRI of the lumbar 3/2/12, but they were not available to the treater per 8/4/14 report. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, there is no documentation of any red flags, or deterioration neurologically. The treater requests a repeat MRI due to "worsening" lumbar pain. Review of the records, however do not show worsening pain, nor a progression of neurologic deficit as per ODG guidelines for repeat MRI. The request is not medically necessary.

Soma 350mg #90 one tablet PO Q 8H PRN spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with lower back pain, bilateral leg pain, bilateral ankle pain. The treater has asked for SOMA 350MG #90 ONE TABLE PO Q 8H PRN SPASM on 10/27/14. Patient has been taking Soma since 8/4/14 report. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for more than 2 months, but MTUS indicates only for short term use (2-3 weeks). The requested soma is not indicated per MTUS guidelines. The request IS NOT necessary.

Referral to [REDACTED] Psychological Clearance: 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 Pain chapter, psychological evaluations

Decision rationale: This patient presents with lower back pain, bilateral leg pain, bilateral ankle pain. The treater has asked for REFERRAL TO [REDACTED] PSYCHOLOGICAL CLEARANCE on 10/27/14. Regarding psychological evaluations, ODG pain chapter recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). In this case, the patient has a chronic pain condition. The patient is to undergo a trial of a spinal cord stimulator due to continued back/leg pain with a diagnosis of post-laminectomy syndrome. The requested psychological evaluation appears reasonable per ODG guidelines. The request IS medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with lower back pain, bilateral leg pain, bilateral ankle pain. The treater has asked for TENS unit on 10/27/14. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does have a diagnosis of "severe sensory polyneuropathy" per 10/12/12 electrodiagnostic study. Review of the records indicate patient has not yet had a month-long trial of TENS unit, but this request is for a purchase. The requested TENS unit is not indicated as MTUS guidelines require a one-month trial prior to purchase. The request is not medically necessary.