

Case Number:	CM15-0002097		
Date Assigned:	01/13/2015	Date of Injury:	12/21/2001
Decision Date:	03/10/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 48 year old male with an industrial injury on 12/21/2001. Treatments have included lumbar spine surgery, spinal cord stimulator, topical compounds, nonsteroidal anti-inflammatory medications and opiates. Diagnoses include lumbar radiculopathy and right knee osteoarthritis. A PR-2 dated 1/16/2014 documented the IW reported constant low back pain with radiation to the lower extremities with numbness and tingling as well as 10/10 constant right knee pain. Analgesia was being tolerated without side effects and reduced pain to 7/10. Objective findings included limited lumbar range of motion, SLR positive bilaterally, and decreased sensation L5-S1 distribution. A PR-2s documented on 8/12/2014, 10/13/2014, and 11-11-2014 document similar subjective and objective findings. The IW was noted to be 'tearful and sobbing' during the later examination. In 2009, the IW was determined to be 51% impaired. At the time of this request, the IW was off work. A urine drug screen reported on 10/15/2014 and 11/26/2014 was consistent with all prescribed medications, but was noted for the absence of Ambien. A UR decision dated 12/7/2014 noncertified a request for Ambien, Percocet, retrospective Vitamin B12 injection and revision of a spinal cord stimulator. CA MTUS, ACOEM and ODS guidelines were used in support of this decision.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Health - Zolpidem

Decision rationale: CA MTUS is silent on this topic. Ambien is a sedative, hypnotic agent that is prescribed for sleep. According to ODG guidelines, this medication is recommended for short term use and is not indicated in the treatment of chronic pain. Most recent documentation does not discuss the IW sleep patterns or reliance on this medication for sleep. Documentation does support the IW has had ongoing prescriptions for Ambien; however, urinary drug testing on two different occasions did not report its presence. Furthermore, the request does not include the frequency or dosing of medication. As such, the request is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as 'ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects.' It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to support these recommendations. The IW did not report improvement of pain with as he continued to rate is pain 10/10 despite the use of prescribed opiates. A toxicology report does support the IW was taking these opiates as prescribed. Additionally, there is not dosing or frequent included with the request. The request for opiate analgesia is not medically necessary.

Retrospective vitamin B12 injection given 10/09/2014: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain - Vitamin B

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend the use of Vitamin B for chronic pain unless it is associated with a vitamin deficient. The IW does

not have any diagnoses that indicate a vitamin deficiency, there are no laboratory studies included within the chart that support a deficiency, nor is there any physical examination findings or discussion in any of the chart materials that arouse concern for deficiencies. The request for Vitamin B12 is not medically necessary.

Outpatient revision of spinal cord stimulator for reprogramming and rechargeable: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

Decision rationale: CAMTUS chronic pain guidelines recommend spinal cord stimulators "only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial." The IW has had an implanted stimulator since 2007. The IW consistently rates pain at 10 of 10. This implies a failure of the stimulator trial. The request is not medically necessary.