

Case Number:	CM15-0106287		
Date Assigned:	06/11/2015	Date of Injury:	02/12/2008
Decision Date:	09/30/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational 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 is a 43 year old male, who sustained an industrial injury on 12/2/08. He reported low back pain and right leg pain after falling in a slippery floor. The injured worker was diagnosed as having lumbar radiculopathy, history of lumbar laminectomy and chronic pain syndrome. Treatment to date has included lumbar spine surgery, physical therapy, and oral medications including Norco, Soma, Amitriptyline and Cymbalta, activity restrictions, spinal cord stimulator trial and epidural steroid injections. Currently, the injured worker complains of low back pain and right leg pain, now shooting down left leg also, he feels the condition is worsening. Physical exam noted the injured worker is in a moderate degree of distress due to pain and difficult to assess the sensory/motor exam due to leg pain. A request for authorization was submitted for referral for Hydrocodone, Cymbalta, Klonopin, Fentanyl patches and Baclofen, surgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical evaluation - lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 132.

Decision rationale: The patient has reported new onset of left leg pain and worsening of his existing right leg pain. In addition, the patient is reporting marked decrease in lower extremity sensation in a dermatomal distribution indicating possible nerve root compression. The patient's history and physical do meet the criteria for surgical consultation. Surgical evaluation - lumbar is medically necessary.

Transforaminal ESI (spinal level not indicated): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record lacks sufficient documentation of previous ESI meeting the above criteria and does not support a referral request. Transforaminal ESI (spinal level not indicated) is not medically necessary.

Cymbalta 30 mg. #30 - 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Serotonin norepinephrine reuptake inhibitors (SNRIs) Page(s): 14, 105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain; yet effectiveness is limited. The medical record fails to document depression secondary to chronic pain; the patient does have radicular pain. The examination findings provided no objective or quantitative measure of pain to determine severity. Ongoing use of antidepressants is not recommended in the absence of objective gains in function and decreased pain levels. Cymbalta 30 mg. #30 - 1 refill is not medically necessary.

Baclofen 10 mg. #30 - 1 refill: Upheld

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

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

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Baclofen 10 mg. #30 - 1 refill is not medically necessary.

Clonazepam 0.5 mg. #30 - 1 refill: Upheld

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

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

Decision rationale: The MTUS states 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Clonazepam 0.5 mg. #30 - 1 refill is not medically necessary.

Hydrocodone 10/325 mg. #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Hydrocodone 10/325 mg. #120 is not medically necessary.

Fentanyl transdermal patch 50 mcg/hr #10 (not to be filled until 6/11/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Fentanyl transdermal patch 50 mcg/hr #10 is not medically necessary.

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