

Case Number:	CM15-0018779		
Date Assigned:	02/06/2015	Date of Injury:	01/28/1999
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 66 year old male, who sustained an industrial injury on January 28, 1999. The diagnoses have included subacromial bursitis, cervical spondylosis without myelopathy, shoulder bursitis, osteoarthritis of the knee, lumbar spondylosis, and thoracic spondylosis. Treatment to date has included bilateral knee injections, physical therapy, acupuncture, trigger point injections, and medications. Currently, the injured worker complains of pain in the neck, upper back, lower back, shoulder, leg, and knee. The Treating Physician's report dated January 5, 2015, noted the injured worker with pain with lumbar spine range of motion testing, with tenderness to palpation over the lumbar facet joints and over the bilateral SI joints. The injured worker received a right knee injection. On January 15, 2015, Utilization Review non-certified an x-ray of the lumbar spine, x-ray of the cervical spine, x-ray of the thoracic spine, refill Ambien 5mg one at bedtime by mouth every night #30, refill Oxycodone HCL 10mg one by mouth every 6 hours #120, refill Robaxin 750mg one by mouth three times a day #90 with three refills, and refill Lyrica 150mg one by mouth twice a day #60 with three refills. The UR Physician noted there was no documentation that current subjective complaints or objective exam findings showed new red flag findings or a progressive disease process for which imaging would be medically necessary, and as such, the request for an x-ray of the lumbar spine, x-ray of the cervical spine, and x-ray of the thoracic spine, were non-certified, citing the Official Disability Guidelines (ODG). The UR Physician noted the given the previous denials and weaning supply provided, additional weaning supply was not indicated for the refill Ambien 5mg one at bedtime by mouth every night #30, refill Oxycodone HCL 10mg one by mouth every 6 hours #120, refill

Robaxin 750mg one by mouth three times a day #90 with three refills, and refill Lyrica 150mg one by mouth twice a day #60 with three refills, citing the MTUS Chronic Pain Medical Treatment Guidelines. On February 2, 2015, the injured worker submitted an application for IMR for review of an x-ray of the lumbar spine, x-ray of the cervical spine, x-ray of the thoracic spine, refill Ambien 5mg one at bedtime by mouth every night #30, refill Oxycodone HCL 10mg one by mouth every 6 hours #120, refill Robaxin 750mg one by mouth three times a day #90 with three refills, and refill Lyrica 150mg one by mouth twice a day #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 11/21/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, radiographs.

Decision rationale: The medical records provided for review support the insured has localized tenderness in the lumbar spine with reduced ROM on exam. Treatment to date has included bilateral knee injections, physical therapy, acupuncture, trigger point injections, and medications. As conservative treatment has not improved condition, radiograph is supported to evaluate back pain with physical exam findings noted as supported by ODG.

X-Ray cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 11/21/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- neck, radiographs.

Decision rationale: The medical records provided for review support the insured has localized tenderness in the cervical spine with reduced ROM on exam. Treatment to date has included bilateral knee injections, physical therapy, acupuncture, trigger point injections, and medications. As conservative treatment has not improved condition, radiograph is supported to evaluate neck pain with physical exam findings noted as supported by ODG.

X-Ray thoracic spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back- Lumbar & Thoracic (Acute & Chronic) (updated 11/21/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- thoracic spine, radiographs.

Decision rationale: The medical records provided for review support the insured has localized tenderness in the thoracic spine with reduced ROM on exam. Treatment to date has included bilateral knee injections, physical therapy, acupuncture, trigger point injections, and medications. As conservative treatment has not improved condition, radiograph is supported to evaluate thoracic pain with physical exam findings noted as supported by ODG.

Refill Ambien 5mg 1 at bedtime, p.o., every night #30: Upheld

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 official disability guidelines - pain - zolpidem.

Decision rationale: The medical records provided for review do not indicate at least 6 months of insomnia with failure of sleep hygiene program or report of significant sleep interference. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks when there is failure of sleep hygiene program. As such 10 mg at bedtime for occasional use is not supported based on the medical records or supported by ODG.

Refill Oxycodone HCl10mg1 p.o. q6hrs #120: Upheld

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 official disability guidelines - pain - opioids.

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-

adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.

Refill Robaxin 750mg 1 p.o. t.i.d. #90: Upheld

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

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

Decision rationale: Muscle relaxants are recommended under MTUS guidelines for only short term use as efficacy appears to diminish over time. The medical records provided for review do not report ongoing muscle spasm or indicate functional goals of therapy. As MTUS supports that efficacy appears to diminish over time with this class of medications and the medical records do not support objective functional benefit, the medical records do not support the use of robaxin for the insured.

Refill Lyrica 150mg 1 p.o. b.i.d. #60, refills-3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lyrica Page(s): 99.

Decision rationale: The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of Lyrica for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of lyrica at this time.