

Case Number:	CM15-0139639		
Date Assigned:	07/30/2015	Date of Injury:	04/09/1996
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 47 year old female patient who sustained an industrial injury on April 09, 1996. A recent pain management visit dated February 09, 2015 reported chief complaint of left foot pain. She is with subjective complaint of constant low back pain. Prior treatment to include: activity modification; chiropractor, and narcotics. Current medications are: Sufenta, Dilaudid, Soma, Zovia, compound topical cream, and Imitrex. She is noted with allergy to: Benzoin, tape, Latex, and Vicodin. The intrathecal pain pump was refilled this visit and programmed with 201 ml simple continuous dosing. The assessment found the patient with: reflex sympathetic dystrophy, fibromyalgia and chronic pain. A primary treating recent follow up visit dated May 04, 2015 reported unchanged subjective and objective data, treating diagnosis and plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg quantity 300.00: 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, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with lower back and left foot pain. The request is for Dilaudid 8mg quantity 300.00. The request for authorization is not provided. Per progress report dated 04/22/15, the patient is doing well after recent lumbar SCS surgery revision. Per progress report dated 05/01/15, the patient is recovering from IT revision and she is healing well. The intrathecal pump was analyzed and found to be working normally. The implanted SNC/PNS was analyzed and found to be working normally. Physical examination of the lumbar/sacral reveals diffuse tenderness to palpation at L5-S1. Sciatic notch tenderness present bilaterally. Straight leg raise positive bilaterally. Motor exam reveals decreased strength in left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. She will continue with current medication regimen as prescribed. Patient's medications include Soma, Dilaudid, Sufenta Soln Intrathecal Infusion, Dilaudid Soln Intrathecal Infusion, Lido/Benzo/Tetra 5%, Diflucan, Imitrex, Zovia and Lasix. Per progress report dated 03/24/15, the patient is temporarily totally disabled. 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Treater does not specifically discuss this medication. Patient has been prescribed Dilaudid since at least 02/09/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Dilaudid. No validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects but not regarding aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request is not medically necessary.

Soma 350mg quantity 90.00: Upheld

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

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

Decision rationale: The patient presents with lower back and left foot pain. The request is for Soma 350MG quantity 90.00. The request for authorization is not provided. Per progress report dated 04/22/15, the patient is doing well after recent lumbar SCS surgery revision. Per progress report dated 05/01/15, the patient is recovering from IT revision and she is healing well. The intrathecal pump was analyzed and found to be working normally. The implanted SNC/PNS was

analyzed and found to be working normally. Physical examination of the lumbar/sacral reveals diffuse tenderness to palpation at L5-S1. Sciatic notch tenderness present bilaterally. Straight leg raise positive bilaterally. Motor exam reveals decreased strength in left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. She will continue with current medication regimen as prescribed. Patient's medications include Soma, Dilaudid, Sufenta Soln Intrathecal Infusion, Dilaudid Soln Intrathecal Infusion, Lido/Benzo/Tetra 5%, Diflucan, Imitrex, Zovia and Lasix. Per progress report dated 03/24/15, the patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 02/09/15. The request for additional Soma quantity 90.00 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Toxicology screen quantity 1.00: 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 Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing (UDT).

Decision rationale: The patient presents with lower back and left foot pain. The request is for toxicology screen quantity 1.00. The request for authorization is not provided. Per progress report dated 04/22/15, the patient is doing well after recent lumbar SCS surgery revision. Per progress report dated 05/01/15, the patient is recovering from IT revision and she is healing well. The intrathecal pump was analyzed and found to be working normally. The implanted SNC/PNS was analyzed and found to be working normally. Physical examination of the lumbar/sacral reveals diffuse tenderness to palpation at L5-S1. Sciatic notch tenderness present bilaterally. Straight leg raise positive bilaterally. Motor exam reveals decreased strength in left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. She will continue with current medication regimen as prescribed. Patient's medications include Soma, Dilaudid, Sufenta Soln Intrathecal Infusion, Dilaudid Soln Intrathecal Infusion, Lido/Benzo/Tetra 5%, Diflucan, Imitrex, Zovia and Lasix. Per progress report dated 03/24/15, the patient is temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation.

It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient prescription history includes Dilaudid since at least 02/09/15, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.

Side port dye study quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Myelography.

Decision rationale: The patient presents with lower back and left foot pain. The request is for side port dye study quantity 1.00. The request for authorization is not provided. Per progress report dated 04/22/15, the patient is doing well after recent lumbar SCS surgery revision. Per progress report dated 05/01/15, the patient is recovering from IT revision and she is healing well. The intrathecal pump was analyzed and found to be working normally. The implanted SNC/PNS was analyzed and found to be working normally. Physical examination of the lumbar/sacral reveals diffuse tenderness to palpation at L5-S1. Sciatic notch tenderness present bilaterally. Straight leg raise positive bilaterally. Motor exam reveals decreased strength in left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. She will continue with current medication regimen as prescribed. Patient's medications include Soma, Dilaudid, Sufenta Soln Intrathecal Infusion, Dilaudid Soln Intrathecal Infusion, Lido/Benzo/Tetra 5%, Diflucan, Imitrex, Zovia and Lasix. Per progress report dated 03/24/15, the patient is temporarily totally disabled. ODG-TWC Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Myelography Section states, "Not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present." Treater does not discuss the request. In this case, review of provided medical records show no documentation regarding any problems or defect to the patient's intrathecal pump, such as kinking, scarring or leakage. Per progress report dated 05/01/15, treater notes, "Patient is recovering from IT revision and she is healing well. The intrathecal pump was analyzed and found to be working normally." The treater does not explain or discuss what evaluation assessment is to be attained by the Side Port Dye Study. Therefore, the request is not medically necessary.

CT to follow quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Myelography.

Decision rationale: The patient presents with lower back and left foot pain. The request is for CT to follow quantity 1.00. The request for authorization is not provided. Per progress report dated 04/22/15, the patient is doing well after recent lumbar SCS surgery revision. Per progress report dated 05/01/15, the patient is recovering from IT revision and she is healing well. The intrathecal pump was analyzed and found to be working normally. The implanted SNC/PNS was analyzed and found to be working normally. Physical examination of the lumbar/sacral reveals diffuse tenderness to palpation at L5-S1. Sciatic notch tenderness present bilaterally. Straight leg raise positive bilaterally. Motor exam reveals decreased strength in left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. She will continue with current medication regimen as prescribed. Patient's medications include Soma, Dilaudid, Sufenta Soln Intrathecal Infusion, Dilaudid Soln Intrathecal Infusion, Lido/Benzo/Tetra 5%, Diflucan, Imitrex, Zovia and Lasix. Per progress report dated 03/24/15, the patient is temporarily totally disabled. ODG-TWC Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Myelography Section states, "Not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present." Treater does not discuss the request. Review of medical records did not show evidence of a prior CT Myelogram. In this case, it appears the treater is requesting a CT to follow the Side Port Dye Study. However, the request for the Side Port Dye Study has not been authorized. Therefore, the request is not medically necessary.