

Case Number:	CM15-0141125		
Date Assigned:	07/30/2015	Date of Injury:	06/08/1994
Decision Date:	09/16/2015	UR Denial Date:	07/10/2015
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, 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:

This injured worker is a 62 year old female who reported an industrial injury on 6-8-1994. Her diagnoses, and or impression, were noted to include: cervical and lumbar spondylosis with peripheral neuropathy and neurogenic bladder; post-laminectomy and failed back surgery syndrome (1999). No current imaging studies were noted and electromyogram with nerve conduction velocity studies were said to have been done on 2-5-2015. Her treatments were noted to include cervical epidural steroid injections; an implanted pain pump with management; medication management; and rest from work. The progress notes of 6-22-2015 reported complaints of complaints of chronic, severe lower back pain that radiated down into the lower extremities, right > left, resulting in difficulty walking and standing; and that the pain also radiated up into her neck. Objective findings were noted to include: no acute distress; tenderness and spasms at the lumbosacral spine and right leg; positive right straight leg raise with decreased strength and decreased range-of-motion in the lower extremities; an antalgic and weak gait with use of wheelchair; significantly decreased teed tendon reflexes in the upper and lower extremities; and hyperalgesia and allodynia in the right lower extremity that extended to the foot. The physician's requests for treatments were noted to include a diagnostic laboratory, an x-ray of the lumbar spine, and the continuation of Lyrica and Opana Extended Release.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiographs and Flexion/extension imaging studies.

Decision rationale: Regarding the request for flexion/extension x-rays of the lumbar spine, California MTUS and ACOEM do not contain criteria for this request. ODG states that they are not recommended as a primary criteria for range of motion but may be indicated to evaluate for spinal instability prior to fusion when a patient has symptomatic spondylolisthesis. Within the documentation available for review, there is no indication that the patient has spondylolisthesis, spinal instability, or is being considered for fusion surgery. In the absence of such documentation, the current request for flexion/extension x-rays are not medically necessary.

1 creatinine blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thorson, D. et al. Health care protocol. Institute for Clinical Systems Improvement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/creatinine/tab/test>).

Decision rationale: Regarding the request for creatinine lab test, California MTUS and ACOEM do not contain criteria for this test. Other sources indicate that this test is used to evaluate kidney function when patients have risk factors or symptoms suggestive of kidney disease. Additionally, the test may be ordered prior to initiating medications which would be affected by kidney metabolism. Within the documentation available for review, none of these things have been identified. Therefore, the currently requested creatinine lab test is not medically necessary.

Lyrica 150mg #60 plus 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug (AEDs), (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested pregabalin (Lyrica) is not medically necessary.

Opana ER 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Opana ER (oxymorphone), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Opana ER (oxymorphone) is not medically necessary.