

Case Number:	CM15-0144169		
Date Assigned:	08/07/2015	Date of Injury:	03/22/2009
Decision Date:	09/28/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Internal 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 41-year-old female, with a reported date of injury of 03-22-2009. The mechanism of injury was a motor vehicle accident. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include low back pain, constipation, depressive disorder, and post-traumatic acute on chronic pre-syncope. Treatments and evaluation to date have included oral medications and topical pain medication. The diagnostic studies to date have included electrodiagnostic studies, which showed evidence of bilateral L5 radiculopathy; an MRI of the lumbar spine on 08-10-2013, which showed grade 1 spondylolisthesis at L5-S1, L4-5 disc height loss, and stable L5 spondylosis. According the medical report dated 05-05-2015, the diagnostic studies to date have included an x-ray of the lumbar spine on 11-20-2013, which showed progressed grade 2 anterolisthesis of L5 on S1. The medical report dated 06-13-2015 indicates that the injured worker presented with acute on chronic L3-4 disc bulging and L5 fracture. The low back pain radiated to the left sacroiliac joint to the ball of her left foot. The Norco and Ibuprofen provided pain relief from 30% to 50%. Her current pain level was rated 7 out of 10. The objective findings include moderate distress, an antalgic gait, positive left straight leg raise test, lumbar flexion at 35, 80 degrees, and lumbar extension at 5, 25 degrees. The treatment plan included a renewed prescription for Norco, Dulcolax, and Ambien; an MRI of the lumbar spine; and a referral for surgery. The injured worker's work status was not indicated. On 05/02/2015, the injured worker's current pain level was rated 7 out of 10. The treating physician requested Norco 10-325mg #210, Ambien 12.5mg #30, Dulcolax 100mg #30, an MRI of the lumbar spine, and a referral for surgery (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325 mg Qty 210 is not medically necessary.

Ambien 12.5 mg Qty 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: Ambien (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment, Zolpidem (Ambien).

Decision rationale: Ambien is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation provided shows that the injured worker has been prescribed Ambien for a period longer than recommended by guidelines with no significant functional improvement. The request for Ambien 12.5 mg Qty 30 is not medically necessary.

Dulcolax 100 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.nlm.nih.gov].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Laxatives are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Dulcolax to treat opioid-induced constipation is no longer indicated. The request for Dulcolax 100 mg Qty 60 is not medically necessary.

MRI (magnetic resonance imaging) Lumbar L5 Neuroforaminal stenosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, table 12-1, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation shows that the injured worker had a prior MRI of the lumbar spine. Physician report fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or significant change in findings suggestive of new pathology, such as tumor, infection, fracture, or dislocation. The request for MRI (magnetic resonance imaging) Lumbar L5 Neuroforaminal stenosis is not medically necessary per MTUS.

Referral for Surgery (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, or if they have difficulty obtaining information or an agreement to a treatment plan. Physician report at the time of the requested service under review notes that the injured worker had a previous surgery consult with recommendation to lose 50 lbs prior to consideration for back surgery. As this goal has not been met, the medical necessity for surgery consult has not been established. Therefore, the request for Referral for Surgery (unspecified) is not medically necessary.