

Case Number:	CM15-0145980		
Date Assigned:	08/06/2015	Date of Injury:	09/12/2006
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Illinois

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 29 year old female, who sustained an industrial injury on 9-12-06. The injured worker has complaints of low back and lower extremity pain. The documentation noted that the injured worker has pain with palpation 2+ bilaterally in the paraspinal muscles, lumbar spine and there is tenderness and restricted rom with extension, rotation, bilaterally. The documentation noted that the injured worker has decreased sensation to light touch, right lower extremity. The diagnoses have included failed back surgery syndrome; status post lumbar laminectomy at L5-S1 (sacroiliac) level; lumbar facet joint arthropathy and lumbar spine sprain-strain syndrome. Magnetic resonance imaging (MRI) of the lumbar spine on 2-1-13 showed postoperative microlaminectomy changes seen involving the left lamina at L5-S1 (sacroiliac), signal changes within the canal and extending in toward the neural foramen are likely secondary to scar tissue. Treatments have included percocet; flexeril; ambien; ativan; prilosec; phenergan; ropinirole; motrin; glucosamine; opana ER; flector patch and lidoderm patch. The request was for percocet 10-325mg #120; ativan 1 mg #60; opana ER 5mg #90; glucosamine 500mg #120 and physical therapy chiropractic care for lower back for 15 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 9-12-06. The medical records provided indicate the diagnosis of failed back surgery syndrome; status post lumbar laminectomy at L5-S1 (sacroiliac) level; lumbar facet joint arthropathy and lumbar spine sprain-strain syndrome. Treatments have included percocet; flexeril; ambien; ativan; prilosec; phenergan; ropinirole; motrin; glucosamine; opana ER; flector patch and lidoderm patch. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit; when used for longer than 6 months, the MTUS recommends numerical documentation of pain and functional improvement, comparing with baseline values. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking opioids at least since 2007 with no overall improvement. The records also indicate the injured worker is taking so many sedative medications as to make the use of opioids that would worsen the adverse effects of opioids. The request is not medically necessary.

Ativan 1mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 9-12-06. The medical records provided indicate the diagnosis of failed back surgery syndrome; status post lumbar laminectomy at L5-S1 (sacroiliac) level; lumbar facet joint arthropathy and lumbar spine sprain-strain syndrome. Treatments have included percocet; flexeril; ambien; ativan; prilosec; phenergan; ropinirole; motrin; glucosamine; opana ER; flector patch and lidoderm patch. The medical records provided for review do not indicate a medical necessity for Ativan 1mg #60. Ativan (lorazepam, is a benzodiazepine sedative hypnotic. The MTUS recommends against the use of benzodiazepines for more than 4 weeks due to worsening adverse effects and dependence. Besides, the injured worker is on treatment with several sedatives that with potentiate the adverse effects of this medication. The records indicate this worker has been taking this medication for a very long time. The request is not medically necessary.

Opana ER 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 9-12-06. The medical records provided indicate the diagnosis of failed back surgery syndrome; status post lumbar laminectomy at L5-S1 (sacroiliac) level; lumbar facet joint arthropathy and lumbar spine sprain- strain syndrome. Treatments have included percocet; flexeril; ambien; ativan; prilosec; phenergan; ropinirole; motrin; glucosamine; opana ER; flector patch and lidoderm patch. The medical records provided for review do not indicate a medical necessity for Opana ER 5mg #90. Oxymorphone (Opana) is an opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit; when used for longer than 6 months, the MTUS recommends numerical documentation of pain and functional improvement, comparing with baseline values. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking opioids at least since 2007 with no overall improvement. The records also indicate the injured worker is taking so many sedative medications as to make the use of opioids that would worsen the adverse effects of opioids. The request is not medically necessary.

Glucosamine 500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The injured worker sustained a work related injury on 9-12-06. The medical records provided indicate the diagnosis of failed back surgery syndrome; status post lumbar laminectomy at L5-S1 (sacroiliac) level; lumbar facet joint arthropathy and lumbar spine sprain-strain syndrome. Treatments have included treatments have included percocet; flexeril; ambien; ativan; prilosec; phenergan; ropinirole; motrin; glucosamine; opana ER; flector patch and lidoderm patch. The medical records provided for review do not indicate a medical necessity for: Glucosamine 500mg #120. The MTUS recommends the use of Glucosamine sulfate as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records indicate the injured worker has been using this medication at least since 11/2014 but with no overall improvement. The request is not medically necessary.

Physical therapy/ chiropractic care for lower back for 15 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation: Physical Medicine Page(s): 58-59; 98-99.

Decision rationale: The injured worker sustained a work related injury on 9-12-06. The medical records provided indicate the diagnosis of failed back surgery syndrome; status post lumbar laminectomy at L5-S1 (sacroiliac) level; lumbar facet joint arthropathy and lumbar spine sprain-strain syndrome. Treatments have included percocet; flexeril; ambien; ativan; prilosec; phenergan; ropinirole; motrin; glucosamine; opana ER; flector patch and lidoderm patch. The medical records provided for review do not indicate a medical necessity for Physical therapy/ chiropractic care for lower back for 15 sessions. The records indicate the injured worker responded well with physical therapy, and a request has been made for additional physical therapy and Chiropractic care. Physical therapy and active chiropractic care follows the MTUS chronic pain physical Medicine guidelines. This guidelines recommends a fading treatment of 8-10 visits followed by home exercises e program. Therefore, the requested treatment is not medically necessary since the physical therapy exceeds the guidelines recommendation.