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| Case Number: | CM15-0185979 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 07/09/2002 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: 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 60-year-old male, with a reported date of injury of 07-09-2002. The diagnoses include chronic pain syndrome, shoulder joint pain, upper arm joint pain, laminectomy pain syndrome, neck pain, cervical radiculopathy, lower back pain, lumbar and thoracic radiculopathy, spasm of muscle, anxiety, migraine, and insomnia. Treatments and evaluation to date have included Ambien, Baclofen (since at least 05-2015), Diazepam (since at least 05-2015), Fentanyl patches, Norco (since at least 05-2015), Lunesta (since at least 09-2015), Morphine, physical therapy, epidural steroid injection and facet blocks, and TENS unit. The diagnostic studies to date have included urine drug screen on 07-29-2015 which was positive for opiates, fentanyl, Temazepam, and Acetaminophen, but inconsistent for Zolpidem and Diazepam; a urine drug test on 06-26-2015 with inconsistent findings; a urine drug test on 05-13-2015 with inconsistent findings; a urine drug test on 05-29-2015 with inconsistent findings; urine drug test 05-01-2015 with inconsistent findings; and a urine drug test on 04-03-2015 with inconsistent findings. The medical report dated 09-03-2015 indicates that the injured worker was there for a follow-up and medication refill. He had pain in the wrist and cervical regions of the spine. The injured worker stated that the pain had been escalating since the last office visit. The pain was worsened with prolonged walking and sitting. The injured worker rated his pain 7-8 out of 10 with medications, and 9-10 out of 10 without medications. The objective findings include restricted range of motion of the lumbar spine due to pain; difficulty with cervical range of motion due to pain; tenderness of the cervical paraspinal muscles; tenderness of the cervical facet; tenderness at C5-T1; lumbar spinal tenderness; lumbar paraspinal tenderness; lumbar facet

tenderness at L4-S1; bilateral wrist brace with difficulties in range of motion due to pain; limited range of motion due to pain; difficulties with internal and external rotation; and positive straight leg raise on both sides, but more discomfort on the left. The treatment plan included Norco for breakthrough pain, Baclofen, Diazepam to help with anxiety with insomnia, Lunesta for insomnia, an MRI of the lumbosacral spine to assess the current condition of the low back to rule out nerve impingement, and transportation to and from the doctor's office. The request for authorization was dated 09-08-2015. The treating physician requested Norco 10-325mg #90, Lunesta 1mg #60, Baclofen 10mg #90, Diazepam 10mg #30, transdermal compound pain creams (unspecified), transportation to and from the doctor's office, and an MRI of the lumbosacral spine. On 09-15-2015, Utilization Review (UR) non-certified the request for Lunesta 1mg #60, Baclofen 10mg #90, transdermal compound pain creams (unspecified), transportation to and from the doctor's office, and an MRI of the lumbosacral spine; and modified the request for Norco 10-325mg #90 to Norco 10-325mg #60 and Diazepam 10mg #30 to Diazepam 10mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 5 months. Norco 10/325 #90 is not medically necessary.

Lunesta 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Lunesta 1mg #60 is not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Baclofen 10mg #90 is not medically necessary.

Diazepam 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Diazepam 10mg #30 is not medically necessary.

Transdermal compound pain creams (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Transdermal compound pain creams (unspecified) is not medically necessary.

Transportation to and from doctor's office: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual, Chapter 12.1, Criteria for Medical Transportation and Related Services, Non-emergency medical transportation.

Decision rationale: A patient's transportation needs back and forth to doctor visits is not a medical issue; consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer cannot speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office. This issue would be better decided by the claims administrator. Transportation to and from doctor's office is not medically necessary.

MRI lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI lumbosacral spine is not medically necessary.