

Case Number:	CM15-0194294		
Date Assigned:	10/13/2015	Date of Injury:	05/10/1994
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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: Anesthesiology

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 67 year old male, who sustained an industrial injury on May 10, 1994. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar discogenic disease, chronic low back pain, bilateral knee surgeries and breakdown above lumbar fusion. Notes stated that he failed "conservative treatment measures" including oral medications, activity modification, physical therapy, and prolonged rest. On July 28, 2015, the injured worker complained of chronic low back pain and increased neck and left arm pain. The injured worker was status post lumbosacral fusion. Overall, his condition was noted to be deteriorated. Without medications, his pain was reported to be "severe." With medication, his pain was reported to be "relieved significantly." With medication he is better able to walk, sit, stand, and do housework. Physical examination of the lumbar spine revealed a healed surgical incision and spasm. There was painful and limited range of motion. Straight leg raising bilaterally was positive at 50 degrees. Examination of the bilateral knees revealed joint pain and swelling. The treatment plan included Percocet, Soma, OxyContin, Xanax, Colace, discontinue Restoril, wean off OxyContin, home exercise, bilateral knee pain re-evaluation, revision lumbar surgery, lumbar epidural steroid injections times two, follow-up visit, pain management, revision lumbar fusion L2-L3 and L3-L4 and injection times one to lumbar. On September 17, 2015, utilization review denied a request for Percocet 10-325mg #120, Soma 350mg #60, Oxycontin 20mg #90, Xanax 0.5mg #90, Colace 100mg #50, lumbar epidural steroid injections bilaterally L4-S1 #2 and new referral to knee specialist for bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone / Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of symptomatic benefit, improved pain level, functional improvement, or ability to return to work with previous opioid treatment. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Soma 350mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. In this case, the injured worker has a history of low back pain and has been taking Soma for greater than 6 months. The request does not meet guideline recommendations. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Oxycontin 20mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain.

Decision rationale: According to the MTUS and ODG, OxyContin is the brand name of a time-release formula of the analgesic chemical Oxycodone. Oxycodone controlled-release (OxyContin) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of significant pain relief or increased function from the opioids used to date. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Xanax 0.5mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Colace 100mg QTY: 50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to the ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, the recommendation is to discontinue

therapy with opiates. The medical necessity of Colace has not been established. The requested medication is not medically necessary.

Lumbar epidural steroid injections (LESI), Bilaterally L4-S1 (sacroiliac), QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections (ESIs).

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Research has shown that, on average, less than two injections are required for a successful ESI outcome. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of a rationale for the ESI, patient lumbar spine complaints, or documentation of radiculopathy. Medical necessity for the requested bilateral LESIs L4-S1 has not been established. The requested ESIs are not medically necessary.

New referral to knee specialist for bilateral knee pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. ACOEM recommends that occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there is no specific rationale identifying the medical necessity of the requested new orthopedic consultation for bilateral knee pain. It has been previously established that the patient has ongoing issues with his knees and has previously been evaluated by a knee specialist (██████████). Medical necessity for follow-up visits with that physician has been established and should continue. However, medical necessity for the requested new referral to a knee specialist for bilateral knee pain has not been established. The requested service is not medically necessary.