

Case Number:	CM15-0039874		
Date Assigned:	03/10/2015	Date of Injury:	08/18/2006
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

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 50-year-old male who sustained an industrial injury on 8/18/06. He is status post remote L3-S1 360-degree arthrodesis with pedicle screw construct, with hardware removal 8/1/09, and dorsal column implant placement 8/22/10. The 1/28/10 CT scan report noted bridging hardware through the pedicles at L4/5 and L5/S1. Disc prosthesis was present at L3/4 with wide laminectomy posteriorly. The 10/30/13 lumbar spine x-rays noted positive bilateral interbody fusion hardware at L3/4, L4/5 and 5 with no evidence of hardware failure. The patient underwent a lumbar hardware block on 6/23/14 for tenderness over the hardware site, and the injured worker described good pain relief. The 7/28/14 urine drug testing documented the presence of hydrocodone. The 8/19/14 and 9/30/14 urine drug testing documented oxycodone present. The 9/30/14 treating physician report indicated that the injured worker was switched to Dilaudid from Morphine in the pump for pain relief, medication still needed to be increased. Back and leg pain continued. The 11/11/14 treating physician report cited continued back and leg pain. Hardware block was reported successful with pain relief and authorization was pending for hardware removal. Difficulty was noted in activities of daily living. The 12/23/14 treating physician report cited continued back and leg pain. He was awaiting authorization for lumbar hardware removal. Medications were working in the dorsal pump, but the does needed to be increased. He has having difficulty with activities of daily living, and needed assistance in household chores, cooking, shopping, and grooming. Lumbar spine exam findings was unchanged from prior reports on 9/30/14 and 11/11/14 and documented moderate loss of lumbar range of motion, positive straight leg raise at 75 degrees in the L5/S1 distribution, and paraspinal

muscle spasms and tenderness. There was bilateral lower extremity L3-S1 hypoesthesia, and 3/5 bilateral foot dorsiflexion, foot eversion, and knee extension weakness. He was using a cane for ambulation. The diagnosis was status post hardware removal lumbar spine 8/1/09, status post lumbar spine 360-degree arthrodesis, dorsal column implant placement 8/22/10, anxiety/depression, and insomnia. The treatment plan recommended discontinuation of Tramadol and Trazadone, increase Zolpidem Tartrate (Ambien) to 10 mg, Flexeril 10 mg #90 3 times per day for inflammation, Norco 10/325 mg twice a day for moderate to severe pain, and Oxycontin 40 mg twice a day for severe pain. Home healthcare assistant was requested to assist with activities of daily living 4 hours a day, 5 days a week. Authorization for return in one week to adjust the Dilaudid dose was recommended. A urine drug screen was performed. The 12/23/14 urine drug testing documented the presence of Trazodone and Lorazepam, with no evidence of any opioids, including hydrocodone or hydromorphone. The 2/5/15 utilization review non-certified the request for lumbar spine hardware removal as there was no evidence that hardware had been identified as the pain generator, or that hardware was broken, or that a hardware block had been performed. The request for return to the office in 1 week to adjust dosage on the Dilaudid in the pump was non-certified as the current dosage was reported as working and there was no rationale as to why an increase in dosage would be required. The request for home healthcare assistant was non-certified as there was no evidence that the injured worker was homebound and the request for activities of daily living assistance was not consistent with guidelines. The request for Flexeril was non-certified as it had been used on a chronic basis, and there was no evidence of an acute exacerbation of chronic low back pain consistent with guidelines. The request for Norco was non-certified as there was no indication of improvement in pain or functionality to substantiate on-going use and prior weaning had been recommended on numerous occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to office in 1 week to adjust dosage on Dilaudid in pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 112, 127, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG): low back-lumbar and thoracic (acute and chronic chapter office visits).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydromorphone (Dilaudid) Page(s): 76-80, 93.

Decision rationale: The California MTUS supports the use of opioids, such as hydromorphone (Dilaudid), for chronic pain. Guidelines indicate that respiratory depression and apnea are of major concern with the use of this medication. Guidelines indicate that rather than simply focusing on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. There is no evidence in the records that the injured worker is actually using Dilaudid. The urine drug screens have been negative for this medication since 7/28/14 with no current pain assessment, or discussion of

appropriate medication use despite apparently inconsistent urine drug testing. There is no evidence of functional improvement with the use of pain pump medications. Therefore, this request is not medically necessary at this time.

Home healthcare assistant with activities of daily living 4 hours a day, 5 days a week:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, 206, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), knee chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no evidence or physician recommendation evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request is not medically necessary.

Flexeril 10 mg 1 three times daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The California MTUS guidelines recommend the use of cyclobenzaprine (Flexeril) as an option, using a short course of therapy, in the management of back pain. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use. Records indicate that this medication has been prescribed since at least 5/27/14. There is no documentation of specific functional benefit associated with the patient's use of this medication. Given the absence of guideline support beyond 2 to 3 weeks, discontinuation is indicated. Therefore, this request is not medically necessary.

Norco 10/325 mg 1 every 12 hours for pain #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use. There is no specific pain assessment documented. There is no evidence that this medication has provided improved functional ability. Hydrocodone has not been present in the urine drug screens since July 2014, so weaning is not a concern. Therefore, this request is not medically necessary.

Ambien 10 mg 1 tablet before bedtime #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 (ODG), Insomnia treatment.

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): Ambien; 1/2 (zolpidem tartrate); Zolpidem (Ambien).

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend Zolpidem for short-term (7-10 days) treatment of insomnia. Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next-day functioning. Guideline criteria have not been met. Records indicate that the patient has been using this medication since at least 5/27/14. There is no current documentation of the specific components of insomnia. There is no compelling rationale to support the medical necessity of continued use in the absence of guideline support for long-term use. Therefore, this request is not medically necessary.

Lumbar spine hardware removal: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): low back-lumbar & thoracic (acute & chronic, chapter Hardware implant removal, fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Hardware implant removal (fixation); Hardware injection (block).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Guidelines recommend the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. Guideline criteria have been met. Records document that the patient has persistent back pain with tenderness to palpation over the lumbar hardware and paraspinal musculature. There was evidence of a positive lumbar hardware block. Therefore, this request is medically necessary.

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have been met. There are apparent inconsistencies noted on the urine drug screens of 7/28/14, 8/9/14, and 9/30/14. Medications prescribed and reported are not present in the samples. Therefore, this request is medically necessary.