MAXIMUS Federal Services

Case Number:	CM15-0045511		
Date Assigned:	03/17/2015	Date of Injury:	08/06/2002
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49 year old male who sustained an industrial injury on 08/06/2002. The injured worker felt immediate pain to the lower back while installing a differential on a bus and lifting it upwards. He has complaints of low back pain and leg pain. Diagnoses include failed back surgery syndrome lumbar spine, lumbar radiculopathy, peripheral neuropathy, insomnia associated with chronic pain, anxiety associated with chronic pain, chronic pain syndrome, and status post spinal cord stimulator implant, and impotence organic. Treatment to date has included diagnostic tests, physical therapy, medications, home exercise program, epidural steroid injections, right sacroiliac joint block, chiropractic sessions, lumbar surgeries and a trial of a lumbar spinal cord stimulator, which had a 40% relief of pain. A physician progress note dated 02/09/2015 documents the injured worker complains of low back pain radiating down both legs, with numbness and tingling on both legs. Pain is rated a 5-9 out of 10. Lumbar range of motion is limited. There is tenderness to palpation over the bilateral erector spinae, latissimus dorsi and quadratus lumborum muscles as well as over the bilateral L4, L5 and S1 spinous processes. The injured worker states that his current medications are managing his pain well, but he does have trouble sleeping. His Trazadone is not helping him sleep, therefore the Trazadone and Soma will be discontinued. Treatment requested is for Ambien CR 12.5mg #30, Cymbalta 30mg #30, Gabapentin 600mg #90, Re-evaluate with pain management, and Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabaoentin Page(s): 49.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 8/6/02. He has been treated with lumbar spine surgery, epidural steroid injection, nerve blocks, chiropractic therapy, spinal cord stimulator and medications. The current request is for Gabapentin. Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

Cymbalta 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15-16, 43-44.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 8/6/02. He has been treated with lumbar spine surgery, epidural steroid injection, nerve blocks, chiropractic therapy, spinal cord stimulator and medications. The current request is for Cymbalta, an antidepressant agent. Per the MTUS guidelines cited above, Cymbalta (Duloxetine) is indicated as a first line treatment for depression, anxiety and the treatment of pain related to diabetic neuropathy. There is inadequate documentation in the available medical records supporting any of these diagnoses. Per the MTUS, Cymbalta is not indicated as medically necessary in this patient.

Ambien CR 12.5mg #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, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ambien.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 8/6/02. He has been treated with lumbar spine surgery, epidural steroid injection, nerve blocks,

chiropractic therapy, spinal cord stimulator and medications. The current request is for Ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.

Re-evaluate with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain management programs Page(s): 31-32.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 8/6/02. He has been treated with lumbar spine surgery, epidural steroid injection, nerve blocks, chiropractic therapy, spinal cord stimulator and medications. The current request is for re-evaluation with pain management. The available medical records do not contain documentation of a change in symptoms or function after prior pain management consultation nor do they contain documentation regarding provider rationale for repeat evaluation at this time. On the basis of the available medical records and per the MTUS guidelines cited above, re-evaluation with pain management consultation is not indicated as medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 49 year old male has complained of low back pain since date of injury 8/6/02. He has been treated with lumbar spine surgery, epidural steroid injection, nerve blocks, chiropractic therapy, spinal cord stimulator and medications. The current request is for urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.