MAXIMUS Federal Services

Case Number:	CM15-0052079		
Date Assigned:	04/16/2015	Date of Injury:	10/07/1992
Decision Date:	06/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 10/07/1992. He has reported subsequent back pain and was diagnosed with failed back surgery syndrome, chronic pain of the lumbar spine and L5-S1 radiculopathy. Treatment to date has included oral pain medication. In a progress note dated 01/26/2015, the injured worker complained of back pain that was rated 10/10 without medication and 3/10 with medication. A request for authorization of Norco, Lunesta, Soma, Flomax, Tramadol, Amrix, Lexapro, Bone scan and spine surgeon evaluation was made. The injured worker had an opiate contract that was signed and underwent urine drug screens. The documentation indicated the injured worker had a decrease in pain from 8/10 to 2/10 to 3/10 with medication usage. The injured worker was noted to sleep well with medication. The injured worker was noted to have muscle spasms. The office note was handwritten and difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, the documentation failed to indicate the injured worker had objective functional improvement. The injured worker did have an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #240 is not medically necessary.

Lunesta 3mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203): 17-9. Eszopiclone (Lunesta), a new hypnotic.

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

Decision rationale: The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 3 weeks. The clinical documentation submitted for review indicated this medication was a current medication. It was indicated the medication assisted the injured worker to sleep. However, the continued use of the medication would be excessive and would not be supported. There was a lack of legible documentation to support continued use and exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 3 mg #60 is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and

exceptional factors to warrant continued use of the muscle relaxant. Additionally, there was a lack of documentation indicating a necessity for 2 muscle relaxants as this review is concurrently being reviewed with a second muscle relaxant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #60 is not medically necessary.

Flomax 0.4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre for Acute and Chronic Conditions. Lower urinary tract symptoms. The management of lower urinary tract symptoms in men. London (UK): National Institute for Health and Clinical Excellence (NICE); 2010 May 34 p. (Clinical guideline; no 97).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/flomax.html.

Decision rationale: Per drugs.com, Flomax is used to improve urination in men with benign prosthetic hyperplasia. The clinical documentation submitted for review failed to provide legible documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flomax 0.4 mg #60 is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, the documentation failed to indicate the injured worker had objective functional improvement. The injured worker did have an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 50 mg #60 is not medically necessary.

Amrix 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and exceptional factors to warrant continued use of the muscle relaxant. Additionally, there was a lack of documentation indicating a necessity for 2 muscle relaxants as this review is concurrently being reviewed with a second muscle relaxant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Amrix 15 mg #30 is not medically necessary.

Lexapro 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide legible documentation of an objective decrease in pain and objective functional improvement with this medication to include an assessment in the changes and the use of other analgesic medications, sleep quality and duration and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lexapro 20 mg #60 is not medically necessary.

Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Online Version, Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, diagnostic tests.

Decision rationale: The Official Disability Guidelines indicate a triple phase bone scan is recommended for injured workers in the early stages of CRPS to help in confirmation of the diagnosis of CRPS. Routine use is not recommended. There was a lack of legible documented rationale for the request. Additionally, the request as submitted failed to indicate the body part to be scanned. Given the above, the request for bone scan is not medically necessary.

Spine Surgeon Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary, Online Version, Evaluation and Management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide the rationale for a spine surgery evaluation. There was a lack of documentation of legible clinical information and lack of documentation of a failure of conservative care. There was a lack of documentation of imaging and electrophysiologic evidence of a lesion. Given the above, the request for spine surgeon evaluation is not medically necessary.