

Case Number:	CM15-0082733		
Date Assigned:	05/01/2015	Date of Injury:	07/03/2009
Decision Date:	06/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 52-year-old male, who sustained an industrial injury on 7/03/2009. He reported a lifting injury to the back. Diagnoses include moderate lumbar disc degeneration and spondylosis, failed back surgery; status post lumbar fusion, depression, mood disorder, and anxiety. Treatments to date include medication therapy, physical therapy, psychotherapy and therapeutic injections. Currently, he complained of chronic low back pain rated 6/10 VAS with medications and 9/10 VAS without medications. On 2/24/15, the physical examination documented a stiff gait and lumbar tenderness with muscle spasms bilaterally and decreased range of motion. The request included Valium, Oxycodone, and Ms Contin and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic Benzodiazepine.

Decision rationale: The 52-year-old patient complains of chronic low back pain on the left at the L5-S1 level, rated at 9/10 without medications and 6/10 with medications, as per progress report dated 02/23/15. The request is for VALIUM 5 mg # 60. The RFA for this request is dated 02/23/15, and the patient's date of injury is 07/03/09. The patient is status post lumbar fusion at L4, L4-5, and S1, as per progress report dated 10/15/14. Diagnoses, as per progress report dated 02/23/15, included degeneration of lumbar or lumbosacral intervertebral disc, sciatica, postlaminectomy syndrome of the lumbar region, lumbosacral spondylosis, postsurgical arthrodesis, thoracic or lumbosacral neuritis, spinal stenosis of the lumbar spine, chronic pain syndrome, myalgia and myositis. Medications included Valium, Percocet, Morphine, MS Contin, and Oxycodone. The patient has also been diagnosed with mood disorder, as per progress report dated 01/10/15. The patient is permanently disabled, as per the same progress report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this, a prescription for Valium is first noted in progress report dated 09/02/14, and the patient has been taking the medication at least since then. As per progress report dated 02/23/15, medications help reduce pain from 9/10 to 6/10. The current regimen also leads to "reduction of pain, increased activity tolerance, and restoration of partial overall functioning." Nonetheless, both ODG and MTUS guidelines recommend only short-term use of muscle relaxants such as Valium. Hence, the request for # 60 IS NOT medically necessary.

Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 52-year-old patient complains of chronic low back pain on the left at the L5-S1 level, rated at 9/10 without medications and 6/10 with medications, as per progress report dated 02/23/15. The request is for OXYCODONE 15 mg # 60. The RFA for this request is dated 02/23/15, and the patient's date of injury is 07/03/09. The patient is status post lumbar fusion at L4, L4-5, and S1, as per progress report dated 10/15/14. Diagnoses, as per progress report dated 02/23/15, included degeneration of lumbar or lumbosacral intervertebral disc, sciatica, postlaminectomy syndrome of the lumbar region, lumbosacral spondylosis, postsurgical arthrodesis, thoracic or lumbosacral neuritis, spinal stenosis of the lumbar spine, chronic pain syndrome, myalgia and myositis. Medications included Valium, Percocet, Morphine, MS Contin, and Oxycodone. The patient has also been diagnosed with mood disorder, as per progress report dated 01/10/15. The patient is permanently disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average

pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this, a prescription for Oxycodone is first noted in progress report dated 10/15/14, and the patient has been taking the medication at least since then. As per progress report dated 02/23/15, medications help reduce pain from 9/10 to 6/10. The current regimen also leads to "reduction of pain, increased activity tolerance, and restoration of partial overall functioning." As per progress report dated 01/12/15, the patient's medications "continue to be beneficial with no reported side effects." However, in progress report dated 02/23/15, the treater states that the patient's "pain level interferes significantly with daily activities and overall function. He is only able to walk short distances." Additionally, no UDS and CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including a significant change or improvement in ADL's and opiate monitoring with UDS's. It does not appear that the chronic use of opiates have resulted in such a change. No outcome measures are provided either and no validated instruments are used to show significant functional improvement. Hence, the request IS NOT medically necessary.

MS Contin 15mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 52-year-old patient complains of chronic low back pain on the left at the L5-S1 level, rated at 9/10 without medications and 6/10 with medications, as per progress report dated 02/23/15. The request is for MS CONTIN 15 mg #60. The RFA for this request is dated 02/23/15, and the patient's date of injury is 07/03/09. The patient is status post lumbar fusion at L4, L4-5, and S1, as per progress report dated 10/15/14. Diagnoses, as per progress report dated 02/23/15, included degeneration of lumbar or lumbosacral intervertebral disc, sciatica, postlaminectomy syndrome of the lumbar region, lumbosacral spondylosis, postsurgical arthrodesis, thoracic or lumbosacral neuritis, spinal stenosis of the lumbar spine, chronic pain syndrome, myalgia and myositis. Medications included Valium, Percocet, Morphine, MS Contin, and Oxycodone. The patient has also been diagnosed with mood disorder, as per progress report dated 01/10/15. The patient is permanently disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this a prescription for MS Contin is first noted in progress report dated 09/02/14, and the patient has been taking the medication at least since then. As per progress report dated 02/23/15, medications help reduce pain from 9/10 to 6/10. The current regimen also leads to "reduction of pain, increased activity tolerance, and restoration of partial overall functioning." As per progress report dated 01/12/15, the patient's medications "continue to be beneficial with no reported side effects." However, in progress report dated 02/23/15, the treater states that the patient's "pain level interferes significantly with daily activities and overall function. He is only able to walk short distances." Additionally, no UDS and CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including a significant change or improvement in ADL's and opiate monitoring with UDS's. It does not appear that the chronic use of opiates have resulted in such a change. No outcome measures are provided either and no validated instruments are used to show significant functional improvement. Hence, the

request IS NOT medically necessary.

Screw hardware injections bilateral L4, L5, S1: 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), Low back procedure summary online version - Hardware injection (block).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter online for Hardware injection (block).

Decision rationale: The 52-year-old patient complains of chronic low back pain on the left at the L5-S1 level, rated at 9/10 without medications and 6/10 with medications, as per progress report dated 02/23/15. The request is for SCREWS HARDWARE INJECTIONS BILATERAL L4, L5, S1 No RFA could be found for this request, and the patient's date of injury is 07/03/09. The patient is status post lumbar fusion at L4, L4-5, and S1, as per progress report dated 10/15/14. Diagnoses, as per progress report dated 02/23/15, included degeneration of lumbar or lumbosacral intervertebral disc, sciatica, postlaminectomy syndrome of the lumbar region, lumbosacral spondylosis, postsurgical arthrodesis, thoracic or lumbosacral neuritis, spinal stenosis of the lumbar spine, chronic pain syndrome, myalgia and myositis. Medications included Valium, Percocet, Morphine, MS Contin, and Oxycodone. The patient has also been diagnosed with mood disorder, as the progress report dated 01/10/15. The patient is permanently disabled, as per the same progress report. ODG guidelines, low back chapter online for Hardware injection (block) states: Recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is 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. (Guyer, 2006) In this case, none of the progress reports discusses this request. The patient is status post lumbar fusion at L4, L4-5, and S1, as per progress report dated 10/15/14. As per the UR denial letter, the patient received screw hardware injections on 01/07/14 with "modest results." In progress report dated 01/12/15, the treater states that the patient has been informed about the "possibility of his pain decreasing if he has the hardware removed from his back." The patient is being referred to neurosurgeon. ODG guidelines support the use of hardware injections only for diagnostic purposes. Given the prior injection and possible hardware removal, the purpose of a repeat injection is not clear. Hence, the request IS NOT medically necessary.