

Case Number:	CM14-0140225		
Date Assigned:	09/10/2014	Date of Injury:	10/28/2005
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old male injured on 10/28/05 when the injured worker's foot was caught in a pallet that was struck by a forklift. Surgical procedures include an L2 through S1 hemilaminectomy/microscopic discectomy on 01/20/14. The clinical note dated 07/24/14 indicated the injured worker presented complaining of increased back pain rated at 8/10 and right hip pain rated at 6/10. The injured worker reported pain improved with physical therapy. The injured worker utilized Hydrocodone, Omeprazole, Zolpidem, Tramadol, and Cyclobenzaprine which were reported to be helping. The injured worker was not working. Physical examination revealed normal gait, used no assistive devices, no kyphosis or scoliosis or deformity of the spine, surgical scarring present, toe walk abnormal, heel walk normal, tenderness in the paraspinal musculature of the thoracic and lumbar regions, muscle spasm positive in the lumbar region on the right, decreased lumbar range of motion, sensation normal, normal motor strength, deep tendon reflexes 2 bilaterally, clonus negative, and stress of the chest wall revealed no tenderness or pain on percussion. Additional examination revealed no sacroiliac tenderness on compression, sciatic nerve compression negative, straight leg raise test negative bilaterally, and Waddell's signs negative. Diagnoses include cervical strain, bilateral periscapular strain, status post L3 to S1 lumbar fusion, left great toe fracture complicated by deep venous thrombosis, stress/anxiety/depression, and insomnia. The documentation indicated the injured worker attended at least 30 postoperative physical therapy sessions; however, physical therapy progress notes were not provided for review. The initial request was non-certified on 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Post Op Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Post-surgical treatment (fusion, after graft maturity) of 34 visits over 16 weeks and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicated the injured worker attended approximately 30 post-operative physical therapy sessions; however, the exact number was unclear and no physical therapy progress notes were provided for review. Additionally, there is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. As such, the request for Physical Therapy to Post Op Lumbar Spine cannot be recommended as medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325mg cannot be recommended as medically necessary at this time.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®)

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg cannot be recommended as medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg cannot be established as medically necessary.

Ultram 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Ultram 50 MG cannot be recommended as medically necessary at this time.