

Case Number:	CM14-0146886		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2011
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 43 year old male with a date of injury on 7/18/2011. Diagnoses include chronic low back pain, status post microdiscectomy, cauda equine syndrome, depression, and insomnia. Patient has a lumbar MRI in 2012 and lumbar laminectomy in 4/2012. Subjective complaints are of low back pain and intermittent radicular symptoms, rated an 8-9/10. Physical exam shows an antalgic gait, decreased lumbar range of motion, and positive straight leg raise test. There is decreased sensation and strength on the left. Patient had a Lumbar MRI on 7/31/2014 which revealed central L5-S1 disc extrusion. Medications include Ambien, tramadol, butrans patch, Celexa, Prilosec, gabapentin, medi-patch, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg ER #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy.

Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Ambien 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

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

Decision rationale: ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually 2 to 6 weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. Submitted documentation indicates the patient has been using this medication chronically. Therefore, continuation of this medication exceeds recommended usage per guidelines, and is not a medical necessity.

Butrans 5mccg/hour patch #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Standup MRI (Magnetic Resonance Imaging) Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MRI

Decision rationale: ACOEM recommends MRI of lumbar spine when cauda equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The ODG also states that MRI's are the test of choice for patients with prior back surgery. For this patient, there is a history of lumbar surgery and ongoing moderate to severe pain with radicular symptoms. Therefore, the request for a Lumbar MRI is medically necessary.