

Case Number:	CM14-0177110		
Date Assigned:	10/30/2014	Date of Injury:	02/12/2001
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine and is licensed to practice in California. 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 53-year-old man who sustained a work-related injury on February 20, 2001. Subsequently, the patient developed with chronic low back pain. According to a progress report dated on August 21, 2014, the patient was complaining of low back pain as well as neck pain. The pain was described as a sharp throbbing and burning.. The pain severity was rated 8/10 without medication 6 of 10 with medications with ABVD do his activities of daily living. The patient was treated with TENS without consistent benefit. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was previously treated with lumbar epidural injections with some benefit. The patient was diagnosed with the low back pain, disorder of the cervical spine, and chronic pain syndrome. The provider requested authorization for Norco, Ambien, epidural steroid injection and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement, compliance and monitoring of side effects. There is no documentation of efficacy of previous use of opioids. Therefore, the prescription of Norco 10/325mg #240 with 2 Refills is not medically necessary.

Ambien 10mg #30 with 2 Refills: 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) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to ODG guidelines, <Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substance, which means they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no recent documentation of sleep problems. Therefore, the prescription of Ambien 10mg #25 is not medically necessary.

1 Epidural Steroid Injection at C7-T1: 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 (Chronic) Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,309.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no clinical, electrodiagnostic and radiological evidence of radiculopathy. California MTUS guidelines does not recommend epidural injections for neck pain without documentation of radiculopathy. Therefore, the request for 1 Epidural Steroid Injection at C7-T1 is not medically necessary.

1 Epidural Steroid Injection at L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Epidural Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant log term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. He was treated with conservative therapy without full control of the patient pain. However, there is no documentation of clinical, radiological and electrodiagnostic evidence that support the diagnosis of lumbar radiculopathy. California MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, 1 Epidural Steroid Injection at L5 is not medically necessary.

1 TENS Unit Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there no clear documentation functional improvement with

previous TENS use. Therefore, the prescription of TENS Unit Replacement is not medically necessary.

1 Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78;94.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, a urine toxicology screen is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary.