

Case Number:	CM14-0180494		
Date Assigned:	11/05/2014	Date of Injury:	06/05/2004
Decision Date:	12/09/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

According to the records made available for review, this is a 46-year-old male with a 6/5/04 date of injury. At the time (9/29/14) of the request for authorization for Norco 10/325mg #120, Urine Toxicology, Cyclobenzaprine 10%/Tramadol 10% 15gm & 60gm, and L4-L5 & L5-S1 posterior lumbar interbody fusion, there is documentation of subjective (pain in the lower back status post lumbar discectomy, radiates down both legs and causes numbness and tingling in both legs down to the toes) and objective (sensory examination is diminished at the bilateral S1 dermatomal distribution) findings, current diagnoses (lumbar disc bulge, carpal tunnel syndrome, sacroiliac joint arthropathy, and pain in joint involving pelvic region), and treatment to date (medication including Norco for at least 9 months). Medical reports identify drug screen was performed on 4/24/14 and 1/16/14. Regarding Norco 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Regarding Urine Toxicology, there is no documentation that the patient has a "moderate risk" of addiction & misuse. Regarding L4-L5 & L5-S1 posterior lumbar interbody fusion, there is no documentation of accompanying objective signs of neural compromise in the L5 distribution, abnormalities on imaging studies, and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc bulge, carpal tunnel syndrome, sacroiliac joint arthropathy, and pain in joint involving pelvic region. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 9 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 is not medically necessary.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of lumbar disc bulge, carpal tunnel syndrome, sacroiliac joint arthropathy, and pain in joint involving pelvic region. In

addition, there is documentation that drug screen was performed on 4/24/14 and 1/16/14. However, there is no documentation that the patient has a "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology is not medically necessary.

Cyclobenzaprine 10%/Tramadol 10% 15gm & 60gm: 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, Topical Medications

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar disc bulge, carpal tunnel syndrome, sacroiliac joint arthropathy, and pain in joint involving pelvic region. However, Cyclobenzaprine 10%/Tramadol 10% 15gm & 60gm contains at least one drug (cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10%/Tramadol 10% 15gm & 60gm is not medically necessary.

L4-L5 & L5-S1 posterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Discectomy/laminectomy and Fusion (spinal).

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review,

there is documentation of diagnoses of lumbar disc bulge, carpal tunnel syndrome, sacroiliac joint arthropathy, and pain in joint involving pelvic region. In addition, given documentation of subjective (pain in the lower back status post lumbar discectomy, radiates down both legs and causes numbness and tingling in both legs down to the toes) and objective (sensory examination is diminished at the bilateral S1 dermatomal distribution), there is documentation of severe and disabling lower leg symptoms and accompanying objective signs of neural compromise in the S1 distribution, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment. However, there is no documentation of accompanying objective signs of neural compromise in the L5 distribution. In addition, there is no documentation of abnormalities on imaging studies and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L4-L5 & L5-S1 posterior lumbar interbody fusion is not medically necessary.