

Case Number:	CM14-0099952		
Date Assigned:	07/28/2014	Date of Injury:	06/22/2005
Decision Date:	09/19/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 06/22/2005 who reportedly sustained injury to his elbow while pushing a wheelbarrow with 15 to 20 blocks of masonry through 200 feet of sand. The injured worker's treatment history included MRI studies, EMG studies, medications, CT scan, spinal surgery, and physical therapy. . The provider noted the injured worker had received a Toradol injection at his last visit on 03/31/2014 which greatly helped alleviate his pain. The injured worker stated he went to the ER on 06/08/2014 due to severe flare-up of back pain. They gave him an injection of steroids and anti-inflammatory. He had a 2-week flare-up of pain after picking up a watermelon at the grocery store. The injured worker had a urine drug screen on 05/23/2014 that was positive for opioid usage. The injured worker was evaluated on 06/10/2014 and it was documented that the injured worker complained of persistent left-sided numbness, cramping, and tingling that radiated down his left lower extremity to his toes. He currently rated his pain at 9/10 on the pain scale. He previously had shooting pain down his right leg to calf. However, he said that it has resolved. He stated that he gets an average of 3 to 4 hours of sleep a night due to his pain. He reported that his pain was returning to baseline. Objective findings: his posterior lumbar incision site was clean, dry, and intact with no sign of infection. He walked with an antalgic gait. He was wearing a lumbar support. The spine was nontender to palpation. Lumbar range of motion was limited by pain. There was decreased sensation on the left L4, L5, and S1 dermatomes. TA, EHL, inversion, eversion, and plantarflexors are 4+/5 on the left. Medications included Dilaudid 4 mg and Soma 350 mg. The diagnoses included status post anterior/posterior lumbar fusion at L4-5 and L5-S1, postoperative wound infection, chronic pain syndrome, and status post bone stimulator removal. The request for authorization dated 06/10/2014 was for Dilaudid 4 mg, Soma 350 mg, Ambien 10 mg, and a urine toxicology screen. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Dilaudid 4 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request lacked frequency and duration of medication. Given the above, the request for 1 prescription for Dilaudid 4 mg. # 180 is not medically necessary.

1 prescription for Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain: Soma (carisoprodol). Decision based on Non-MTUS Citation See, 2008; Chou, 2007; Mens, 2005; Van Tulder, 1998.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested 1 prescription for Soma 350 #60 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request is not medically necessary.

1 prescription for Ambien 10 mg #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 (Chronic), Zolpidem (Ambien®).

Decision rationale: The request for 1 prescription for Ambien 10 mg # 30 is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.

1 Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for the random urine screening is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. On 05/23/2014, the injured worker underwent a urine drug screen that detected Opioid usage; however, there was no evidence why the provider is requesting another urine drug screen. The provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. Given the above, the request for the random drug screen is not medically necessary.