

Case Number:	CM14-0212786		
Date Assigned:	12/30/2014	Date of Injury:	11/04/2003
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 4, 2003. In a Utilization Review Report dated December 17, 2014, the claims administrator approved a request for Percocet, approved a follow-up visit, partially approved Opana, denied an intrathecal Dilaudid trial, denied lumbar epidural steroid injection, and denied surgical evaluation and followup. The claims administrator referenced an RFA form dated December 12, 2014 and a progress note dated November 28, 2014 in its determination. The applicant's attorney subsequently appealed. On October 3, 2014, the applicant reported persistent complaints of low back pain. The applicant had a history of alcoholism and overuse but denied any recent alcohol use. The applicant stated that she is getting consistently poor analgesia despite ongoing usage of Opana and Norco. The attending provider stated that the applicant had failed medications, injections, and a spinal cord stimulator. The attending provider stated that the applicant had also failed lumbar spine surgery. The attending provider stated that the applicant should therefore try an intrathecal pain pump. The applicant was asked to continue abstaining from alcohol. The applicant was asked to continue Norco and Opana in the interim. The applicant's work status was not stated, although it did not appear that the applicant was working. Drug testing dated July 29, 2014 was positive for alcohol and positive for opioids. Confirmatory and quantitative testing were performed, it was further noted. On November 28, 2014, the attending provider stated that the applicant had persistent complaints of low back pain with associated bilateral radicular complaints, right greater than left. Multilevel facet injections were sought. A surgical

evaluation was also suggested. The applicant's work status was reportedly incongruously as one section of the note stated that the applicant was working full time while another section of the note stated that the applicant was working modified duty. The attending provider stated that the applicant's medications were making her sleepy and fatigued. The applicant was reportedly using Opana and Percocet, both of which were refilled. The applicant was again asked to eschew alcohol usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal Dilaudid trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable Drug Delivery Systems Page(s): 54.

Decision rationale: As noted on page 34 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of an implantable drug delivery system (AKA intrathecal pain pump) is evidence that further surgical intervention or other treatment is not indicated. In this case, the attending stated that he wished for the applicant to reconsult a spine surgeon to determine the need for further surgical intervention involving the lumbar spine, effectively arguing against the need for the intrathecal pain pump/intrathecal Dilaudid trial. Therefore, the request is not medically necessary.

(B) L2-3, L3-4, L4-5 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-6, and pages 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish some limited role for facet neurotomy procedures in applicants who have had previously successful differential dorsal ramus medial branch diagnostic blocks, in this case, however, the applicant's presentation is, in fact, suggestive of an active lumbar radicular process. The applicant continues to report ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was apparently considering/contemplating further lumbar spine surgery, presumably for residual lumbar radiculopathy. The request, thus, is not indicated both owing to the (a) considerable lack of diagnostic clarity present here and (b) owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Surgical evaluation follow-up: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding likely outcome, risks and benefits, and, especially, expectation is very important. Here, the applicant is status post earlier lumbar spine surgery. The applicant's treating provider has suggested that the applicant is considering/contemplating further lumbar spine surgery. Moving forward with a surgical evaluation/follow-up visit, thus, is indicated in the clinical context present here. Therefore, the request is medically necessary.

Opana ER 10mg Q12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids Page(s): 79, 80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in usage of illicit drugs and/or alcohol. Here, contrary to what the attending provider claimed, the applicant apparently did have drug testing on July 29, 2014 which was positive for alcohol. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant reported "consistent poor analgesia" with ongoing Opana usage on an October 3, 2014 progress note. It does not appear, in short, that the applicant is deriving appropriate benefit from ongoing Opana usage. This, coupled with the fact that the applicant's continued abuse of alcohol, suggests that discontinuing Opana may be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.