

Case Number:	CM14-0218462		
Date Assigned:	01/08/2015	Date of Injury:	04/01/2010
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 04/01/2010. The mechanism of injury reported occurred when the injured worker was moving a motorcycle transmission off of a shelf and he felt a pop in left lower back. His diagnoses included lumbar disc disease, postlaminectomy syndrome, lumbar radiculitis, and cervical disc disease. His past treatments have included medications, injections, physical therapy, chiropractic therapy, and bracing. Diagnostic studies include an unofficial EMG/nerve conduction study performed on 04/30/2012 of the lower back which revealed electrodiagnostic evidence of chronic left S1 radiculopathy without acute denervation, as well as moderate left peroneal nerve injury that corresponded with the patient's symptoms. There was also electrodiagnostic evidence of chronic right S1 radiculopathy without acute denervation, as well as mild right sural nerve injury that did not correspond with the patient's symptoms. A lumbar CT scan dated 07/08/2011 revealed posterior spinal fusion and laminectomy changes as detailed above. In a clinical note dated 08/08/2014, it was indicated that the injured worker has had x-rays and MRI scans, additional CT scans, and nerve conduction studies of the lower back. His surgical history includes a back surgery of unknown origin in 2012 and a lumbar revision fusion at L4-5 and L5-S1 on 11/19/2013. The injured worker presented on 12/04/2014 with complaints of low back pain rated at 7/10, described as aching, burning, cramping, sharp, stabbing, tearing, throbbing, shooting, pulling, stiff, pressure, deep, and shocks. The injured worker further reported that the back pain was located in the lumbar area, upper back, lower back, right leg, and left leg. Additionally, the injured worker was experiencing back stiffness, numbness in the bilateral lower extremities with

radicular pain in the right and left leg with weakness in the bilateral legs. The injured worker indicated that the condition worsened with extension, back flexion, hip extension, hip flexion, hip rotation, lifting, and standing. Upon physical examination of the lumbar spine, the injured worker had a positive faber maneuver to the right, a positive Gaenslen's maneuver bilaterally, a positive Patrick's maneuver bilaterally, a positive pelvic rock maneuver bilaterally, and a positive stork test bilaterally. Additionally, the patient had point tenderness over the SI joint. Upon physical examination of the lumbar spine, lumbar range of motion showed decreased flexion with pain, decreased extension with pain, normal left side bend with pain, normal right side bend with pain, normal left rotation with pain, and normal right rotation with pain. Neurologic examination of the lower extremities showed moderate weakness in the L4, L5, and S1 distributions. His past medical history was positive for neurological symptoms or problems, and positive for headaches. Additionally, his neurological and psychiatric examinations showed decreased sensation of the right lower extremity, plantar and flat reflexes of the right lower extremity, and left deep tendon reflexes were normal. His current medications include Dilaudid, docusate, MS Contin, nortriptyline, and oxcarbazepine since at least 12/04/2014. The treatment plan included a follow-up in 12 weeks, an extension of physical therapy of 8 more sessions, an SI joint injection, medications of Dilaudid 2 mg 1 by mouth every day, docusate 250 mg 2 by mouth every 12 hours, MS Contin 60 mg 1 by mouth every 8 hours, nortriptyline 25 mg 3 by mouth at bedtime, oxcarbazepine 150 mg titrate to 3 every 12 hours, and Senna 8.6 mg 2 by mouth every 12 hours. The rationale for the request was for the ongoing complaints of the injured worker's pain. The Request for Authorization Form dated 12/05/2014 was provided within the documentation submitted for review. This 52 year old male sustained a work related injury on 4/1/2010. The current diagnoses are degenerative disc disease L3-L4, status post lumbar revision fusion at L4-L5 and L5-S1 (11/19/2013), and loosening of the right SI pedicle screw. According to the progress report dated 12/4/2014, the injured workers chief complaints were back pain, 7/10 on a subjective pain scale. The pain is located in the lumbar area, upper back, lower back, right leg, and left leg. The injured worker is experiencing back stiffness and numbness, radicular pain, and weakness in the right and left leg. He reports back extension and flexion worsens his condition. The physical examination revealed muscle spasms in the back. Range of motion of the lumbar spine was decreased and painful. The lower extremities show moderate weakness in the L4, L5, and S1 distribution. . There was decreased sensation and flat reflexes in the right lower extremity. On this date, the treating physician prescribed Dilaudid 2mg #30, MS Contin 60mg #90, Oxcarbazepine 150mg #180, Nortriptyline 25mg #90, Docusate 250mg #360, Senna 8.6mg #200, and evaluation with a neurosurgeon, which is now under review. Work status is temporarily totally disabled. On 12/15/2014, Utilization Review non-certified a request for Dilaudid 2mg #30, MS Contin 60mg #90, Oxcarbazepine 150mg #180, Nortriptyline 25mg #90, Docusate 250mg #360, Senna 8.6mg #200, noting the MTUS Guidelines were cited. The evaluation with a neurosurgeon was modified to 1, noting ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids.

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

Decision rationale: The request for Dilaudid 2mg #30 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with use of Dilaudid. There was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. In the absence of documentation showing details regarding the injured worker's medications, including his use of Dilaudid and the appropriate documentation to support the ongoing use of opioids, the request is not supported. As such, the request for 1 prescription of Dilaudid 2 mg #30 is not medically necessary.

MS contin 60mg #90: Upheld

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

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

Decision rationale: The request for MS Contin 60 mg #90 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with use of MS Contin. There was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. In the absence of documentation showing details regarding the injured worker's medications, including his use of MS Contin and the appropriate documentation to support the ongoing use of opioids, the request is not supported. As such, the request for 1 prescription of MS Contin 60 mg #90 is not medically necessary.

Oxcarbazepine 150mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs. Page(s): 21.

Decision rationale: The request for Oxcarbazepine 150mg #180 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines recommend

oxcarbazepine specifically for trigeminal neuralgia and diabetic neuropathy. The documentation submitted for review failed to provide evidence that the injured worker has a diagnosis of trigeminal neuralgia or diabetic neuropathy. Given that the documentation submitted for review does not provide evidence of the above specifically indicated diagnoses, the request as submitted is not supported by the evidence based guidelines. As such, the request for Oxcarbazepine 150mg #180 is not medically necessary.

Nortriptyline 25mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Page(s): 14.

Decision rationale: The request for nortriptyline 25mg #90 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines state that antidepressants are an option for low back pain, but there are no specific medications that have been proven in high quality studies efficacious for treatment of lumbosacral radiculopathy. As the guidelines do not specify any medication for chronic low back pain, the request for nortriptyline 25mg #90 is not supported. As such, the request for nortriptyline 25mg #90 is not medically necessary.

Docusate 250mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, initiating therapy. Page(s): 77.

Decision rationale: The request for docusate 250mg #360 is not medically necessary. The California MTUS Guidelines state that the prophylactic treatment of constipation should be initiated with the initiation of opioid treatment. However, as the documentation submitted for review failed to provide evidence to support the request for opioids and failed to provide evidence to warrant the medical necessity for the requested opioids, the request for docusate is not warranted. As such, the request for docusate 250mg #360 is not medically necessary.

Senna 8.6mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines therapeutic trial of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, initiating therapy. Page(s): 77.

Decision rationale: The request for Senna 8.6mg #200 is not medically necessary. The injured worker has radiating low back pain. The California MTUS Guidelines state that after initiation of opioid therapy, prophylactic treatment of constipation should be initiated. However, the documentation submitted for review failed to provide evidence to substantiated medical necessity for the requested opioids. Given that the requested opioids were not found to be medically necessary, the request for Senna 8.6mg #200 is not warranted. As such, the request for Senna 8.6mg #200 is not medically necessary.

Evaluation with a neurosurgeon x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office visits.

Decision rationale: The request for evaluation with a neurosurgeon x 1 is not medically necessary. The injured worker has radiating low back pain. The Official Disability Guidelines state that office visits are recommended to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation submitted for review provides evidence that the request for an evaluation with a neurosurgeon x 1 is currently under review. As the documentation submitted for review indicates that the request for evaluation with a neurosurgeon is currently under review, the request for evaluation with a neurosurgeon x 1 is not warranted at this time. As such, the request for evaluation with a neurosurgeon x 1 is not medically necessary.