

Case Number:	CM15-0013888		
Date Assigned:	02/02/2015	Date of Injury:	06/04/2010
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 46 year old male, who sustained an industrial injury on June 4, 2010. The diagnoses have included low back pain, right lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, chronic pain syndrome, numbness, lumbar disc pain, and lumbar degenerative disc disease. Treatment to date has included epidural steroid injections, physical therapy, massage therapy, and medications. Currently, the injured worker complains of low back and arm pain, with more pain and numbness in the right lower extremity. The Primary Treating Physician's report dated December 8, 2014, noted the lumbar spine with slightly diminished sensation in the right L5 dermatome, sciatic notches painful to palpation bilaterally, sacroiliac joints tender to palpation bilaterally, diffuse tenderness to palpation over the lumbosacral paraspinals with related muscle spasms, and a positive straight leg raise on the right. On January 14, 2015, Utilization Review non-certified a lumbar epidural steroid injection right L4-L5 under fluoroscopy with conscious sedation, Fentanyl 75mcg patch #10, Ambien 10mg #30, and Soma 350mg #90. The UR Physician noted the exam findings were soft, and there was no correlation to imaging or other studies to justify the a lumbar epidural steroid injection right L4-L5 under fluoroscopy with conscious sedation, therefore the request was not supported as medically necessary, and was not approved, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there should be a plan to wean to lower doses of the Fentanyl, therefore the request for Fentanyl 75mcg patch #10 was modified to #7 as medically necessary and approved, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the requests for Ambien 10mg #30 and Soma 350mg #90,

were not supported as medically necessary, and were not approved. On January 23, 2015, the injured worker submitted an application for IMR for review of a lumbar epidural steroid injection right L4-L5 under fluoroscopy with conscious sedation, Fentanyl 75mcg patch #10, Ambien 10mg #30, and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection RT L4-5 under Fluoroscopy with Conscious Sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

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

Decision rationale: According to the MTUS guidelines, 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. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, Lumbar Epidural Steroid Injection RT L4-5 under Fluoroscopy with Conscious Sedation is not medically necessary.

Fentanyl 75mcg Patch, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (fentanyl transdermal system) Page(s): 75-81, 68.

Decision rationale: Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutical (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approach if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. The patient continued to have pain despite the previous use of Fentanyl and other opioids. The patient

was prescribed Fentanyl without clear and objective documentation of function improvement. There is no recent documentation of tolerance to opioids. There is no documentation that the patient condition required around the clock opioid therapy. Therefore the prescription of Fentanyl 75mcg Patch, #10 is not medically necessary.

Ambien 10mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to the ODG guidelines, non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are the 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 substances, which mean 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 documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg #30 is not medically necessary.

Soma 350mg, #90: 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 Soma Page(s): 29.

Decision rationale: According to the MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or exacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #90 is not medically necessary.