

Case Number:	CM15-0128345		
Date Assigned:	07/21/2015	Date of Injury:	04/01/2010
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 York
 Certification(s)/Specialty: Neurological Surgery

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 53 year old male, who sustained an industrial injury on 4/01/2010. The medical records submitted did not include the documentation of the initial injury. Diagnoses include lumbar disc disease, post laminectomy syndrome, radiculitis, and status post lumbar fusion. Currently, he complained of back pain associated with numbness and weakness of lower extremities. On 5/5/15, the physical examination documented lumbar tenderness and muscle spasms with decreased range of motion, decreased sensation, and decreased strength. The plan of care included Senna 8.6mg #200; Docusate Sodium 250mg #360 with three refills, Nortriptyline 25mg #90 with three refills; Oxcarbazepine 150mg #180 with three refills; MS Contin 60mg #90; Dilaudid 2mg #30; and Sacroiliac (SI) Joint fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #200 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-Criteria for use of opioids Page(s): 77.

Decision rationale: The California MTUS guidelines do recommend prophylactic treatment of constipation be initiated when initiating opioid therapy. In this case, continuing opioid therapy has not been recommended. The requested treatment: Senna 8.6mg #200 with 3 refills is NOT medically necessary and appropriate.

Docusate 250mg #360 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use of opioids Page(s): 77.

Decision rationale: The California MTUS guidelines do recommend prophylactic treatment of constipation be initiated when initiating opioid therapy. In this case continuing opioid therapy has not been recommended. The requested treatment: Docusate 250mg #360 with 3 refills is NOT medically necessary and appropriate.

Nortriptyline 25mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13, 14.

Decision rationale: Nortriptyline is an anti-depressant. The California MTUS guidelines recommend antidepressants as a first line option for neuropathic pain unless they are ineffective or poorly tolerated. The guidelines indicate antidepressants have had a small to moderate effect on low back pain but no high quality studies show efficacy in treatment of lumbosacral radiculopathy. Documentation does not show the attempts to define if the injured worker has neuropathic pain. The requested treatment: Nortriptyline 25mg #90 with 3 refills is NOT medically necessary and appropriate.

Oxcarbazepine 150mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Oxcarbazepine is an AED. The California MTUS guidelines do recommend AEDS in the treatment of neuropathic pain. The guidelines note there are no randomized controlled studies directed at painful radiculopathy. Documentation does not disclose evidence of attempts to define the injured workers source of pain. The requested treatment: Oxcarbazepine 150mg #180 with 3 refills is NOT medically necessary and appropriate.

MS Contin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: steps to take before a therapeutic trial of opioids Page(s): 76-77.

Decision rationale: The California MTUS guidelines recommend an attempt be made to determine if pain is nociceptive or neuropathic and if there are underlying contributing psychological issues. Documentation does not describe these attempts or their results. The guidelines also recommend baseline pain and functional assessment of social, physiological, psychological, daily and work activities be documented and they should be performed using a validated instrument or numerical rating scale. Documentation does not supply this evidence. The requested treatment: MS Contin 60mg #90 is. NOT medically necessary and appropriate.

Dilaudid 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77.

Decision rationale: The California MTUS guidelines recommend an attempt be made to determine if pain is nociceptive or neuropathic and if there are underlying contributing psychological issues. Documentation does not describe these attempts or their results. The guidelines also recommend baseline pain and functional assessment of social, physiological, psychological, daily and work activities be documented and they should be performed using a validated instrument or numerical rating scale. Documentation does not supply this evidence. The requested treatment: Dilaudid 2mg #30 is NOT medically necessary and appropriate.

SI (sacroiliac) joint fusion: 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) Treatment in Workers Compensation (TWC): Hip & Pelvis Procedure Summary Online Version last updated 03/25/2014 sacroiliac joint fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter Sacroiliac joint fusion.

Decision rationale: The ODG guidelines do not recommend sacroiliac joint fusion for pain except as a last resort. They note that the diagnosis is confirmed by pain relief with intra-articular joint injections under fluoroscopic guidance. Documentation does not provide evidence of blinded injections or the results of ruling out other pain generators in this complex patient. The requested treatment: SI (sacroiliac) joint fusion is NOT medically necessary and appropriate.