

Case Number:	CM15-0128752		
Date Assigned:	07/15/2015	Date of Injury:	07/09/2002
Decision Date:	09/24/2015	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: Texas, New York, 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 60-year-old who has filed a claim for chronic shoulder, arm, neck, and low back pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of July 9, 2002. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, Duragesic, Norco, Ambien, baclofen, and transportation to and from doctors' visits. The claims administrator referenced an RFA form received on June 18, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 17, 2015, the attending provider reiterated his request for lumbar MRI imaging. On May 29, 2015, the applicant reported ongoing complaints of neck and bilateral wrist pain. The applicant was using Ambien, baclofen, Valium, Duragesic, and Norco, it was reported. Positive straight leg raising was noted about the lumbar spine bilaterally. The attending provider stated in another section that the applicant had undergone an earlier failed lumbar laminectomy surgery. The applicant reportedly had worsening paresthesias about the thighs. The attending provider stated that updated MRI imaging was needed to assess the state of the applicant's current low back issues and/or rule out further nerve impingement. The applicant was using baclofen for antispasmodic effect, Valium for anxiolytic effect, Imitrex for migraine headaches, and Ambien for pain-induced insomnia. The applicant had developed issues with depression, worthlessness, isolation, and the like, it was reported. the applicant needed transportation to and from office visits owing to his chronic pain complaints, the treating provider reported. The applicant's gait was not clearly described or characterized. The specialty of the treating provider was not stated, although the treating

provider stated that he was affiliated with the Conservative Care Specialists Medical Group. The applicant was placed off-of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI, thoracic, lumbar.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 304.

Decision rationale: No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is recommended as the test of choice for applicants who have had prior back surgery, as seemingly transpired here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a conservative care specialist, it was reported. It was not stated how (or if) the reported lumbar MRI would influence or alter the treatment plan. The information furnished, furthermore, did not furnish a reasonable expectation that the applicant would in fact consider surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.

Fentanyl Patch to 50mcg/h 1 Patch every 48 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids; Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, as of the date in question, May 29, 2015. While the attending provider did report a reduction in pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline, meaningful, material, and/or

substantive improvements in function (if any) effected as a result of ongoing fentanyl (Duragesic) usage. Therefore, the request was not medically necessary.

Norco 10/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off-of work, on total temporary disability; it was acknowledged on May 29, 2015. While the attending provider did outline a reduction in pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Ambien 10mg 1 every night at bedtime as needed: 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, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the renewal or extension request for Ambien, in effect, represented treatment in excess of the FDA label. In a similar vein, ODGs Mental Illness and Stress Chapter Zolpidem topic notes that zolpidem or Ambien is not recommended for long-term usage but, rather, should be reserved for short-term use purposes. Here, thus, the renewal or extension request for Ambien was at odds with both the FDA label and the ODG position against long-term

usage of the same. The attending provider failed to furnish any medical evidence which would offset the unfavorable FDA and ODG positions on the article at issue. Therefore, the request was not medically necessary.

Baclofen 10mg 1 three times a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Baclofen.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally in the treatment of spasticity and/or muscle spasm associated with multiple sclerosis or spinal cord injuries but can be employed off label for neuropathic pain, as was present here, seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing baclofen usage. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as Norco and Duragesic. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Transportation to and from Doctor's Office: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to & from appointments).

Decision rationale: Finally, the request for transportation to and from physician office visits was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes making and keeping appointments. The MTUS Guideline in ACOEM Chapter 5, page 83, thus, deems transportation to and from office visits an article of applicant responsibility as opposed to an article of payer responsibility. While ODG Knee and Leg Chapter Transportation topic does acknowledge that medically necessary transportations to and from appointments in the same community is

recommended in individuals with disabilities which prevent them from self-transport, here, however, there was no mention of the applicant's having disabilities, impairments, etc., which would have prevented, precluded, or reduced the applicant's ability to self-transport himself to and from physician office visits of his own accord. The May 29, 2015 progress note did not clearly characterize the applicant's gait. It did not appear that the applicant was using a cane, crutch, walker, etc. There was no mention of the applicant's having a physical impairment which would prevent or preclude self-transport. Therefore, the request was not medically necessary.