

Case Number:	CM15-0171883		
Date Assigned:	09/14/2015	Date of Injury:	02/27/2009
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on February 27, 2009, resulting in pain or injury with the covered body part of the low back. A review of the medical records indicates that the injured worker is undergoing treatment for bulging lumbar disc and post-laminectomy syndrome. On August 13, 2015, the injured worker reported low back pain at a level of 7 out of 10 with radiation to the whole left leg and foot with numbness and tingling sensation, leg pain and numbness with deep bone pain spikes within the femur, tib-fib, both heels, and front foot, with stabbing up through the coccyx spreading into the bowel area. The Treating Physician's report dated August 13, 2015, noted the injured worker's pain level at 7-9 out of 10. The Physician noted the injured worker needed a referral to a gastrointestinal (GI) specialist for his sphincter restriction. Sacral problems were noted to have increased to a level where the injured worker was close to going to the hospital ER for treatment. The injured worker's sleep cycle was noted to be disrupted by pain with more than 4 hours rare, with extreme fatigue fairly consistent. The Physician noted, "medications indeed relieve pain levels when bed rest needs and postural limits are not violated. Up to 70% resting pain relief with only 10-20% when prolonged sitting or stationary standing attempted". The injured worker was noted to continue to need the current activity modifications of no activities involving more than one hour of sitting, standing stationary, driving, or being driven. The injured worker reported good benefit with the Oxycontin 30mg TID for his chronic pain versus Oxycontin 10mg max 8 per day, able to reduce his Norco with this change, with a pain level of 5-7 out of 10 with use of his pain medication depending on his activity, with relief from Norco

lasting approximately 6 hours while at rest and much shorter duration if active. The injured worker stated "continued ability fall asleep, stay asleep, and awaken well rested with use of his Ambien PRN only". The injured worker's current medications were listed as Oxycontin ER, prescribed since at least September 2011, Celecoxib, Depo-Testosterone intramuscular, Zolpidem Tartrate prescribed since at least September 2014, Orphenadrine Citrate ER, Lyrica prescribed since at least September 2011, Hydrocodone-Acetaminophen prescribed since at least September 2011. The treating physician indicates that a lumbar spine MRI dated June 26, 2014 showed spinal stenosis and L4-L5 and L5-S1 protruding discs. The Physician noted the spinal surgeon had recommended a Sacralcoccygeal CT scan. The injured worker was noted to request a referral for massage therapy for deep tissue massage for his muscular contractions in the left lower extremity as he had good benefit with this in the past however it had been several years since this type of therapy. The Treating Physician's report dated July 16, 2015, noted the injured worker with a pain level of 7 out of 10, with no change in dosing or medications. Prior treatments have included deep tissue massage noted to help relieve pain, a spinal cord stimulator (SCS) trial noted to have no significant relief, failed right lumbar epidural steroid injection (ESI) performed March 12, 2015, caudal epidural steroid injection (ESI) performed on May 18, 2015 with 50% relief of his sacrum pain, and medications. The request for authorization dated August 18, 2015, requested Oxycontin 30 MG #90, a referral to a Gastroenterologist, Norco 10/325 MG #90, Ambien 10 MG #30, 4 Deep Tissue Massage Sessions, and a Sacralcoccygeal CT Scan with and without contrast. The Utilization Review (UR) dated August 24, 2015, certified the requests for the Oxycontin 30 MG #90, a referral to a Gastroenterologist, modified the request for the Norco 10/325 MG #90 to #60, and non-certified the requests for Ambien 10 MG #30, 4 Deep Tissue Massage Sessions, and a Sacralcoccygeal CT Scan with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids it is suggested that an alternate therapy be considered. This patient is also currently taking OxyContin for pain. The patient's daily opioid use is above the recommended maximum dose. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off-of narcotic. Norco 10/325 MG #90 is not medically necessary.

Ambien 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Ambien 10 MG #30 is not medically necessary.

4 Deep Tissue Massage Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: According to the MTUS, massage therapy can be recommended as an option when limited to 4-6 visits and as an adjunct to other recommended treatments, specifically, an exercise regimen. The short-term benefits of massage therapy are likely due to the fact that massage does not address the underlying causes of pain. There is no documentation that the patient is participating in an exercise program as required by the MTUS. 4 Deep Tissue Massage Sessions is not medically necessary.

Sacrococcygeal CT Scan with and without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). This patient has no new injuries or red-flag diagnoses. Sacrococcygeal CT scan with and without contrast is not medically necessary.

