MAXIMUS Federal Services

Case Number:	CM15-0175801		
Date Assigned:	09/17/2015	Date of Injury:	04/09/1996
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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:

This 48 year old woman sustained an industrial injury on 4-9-1996. The mechanism of injury is not detailed. Diagnoses include reflex sympathetic dystrophy, fibromyalgia, and chronic pain. Treatment has included oral and topical medications, heat, cold, rest, massage, and spinal cord stimulator. Physician notes on a PR-2 dated 6-23-2015 show complaints of increasing headaches, and left foot, calf, and leg pain rated 5 out of 10. The worker rates her pain ranges from 6-9 out of 10. The physical examination shows trigeminal sensation is intact, lumbar spine with diffuse tenderness over L5 and S1, forward flexion at 110 degrees and hyperextension is 10 degrees, the straight leg raise is positive bilaterally in both the lying and sitting positions, decreased strength is noted in the left lower extremity, hyperesthesia is noted to the distal left lower extremity, normal vibratory sensation to the bilateral upper and lower extremities, and allodynia to the distal left lower extremity, deep tendon reflexes are normal to the bilateral upper and lower extremities, and clonus is absent. Recommendations include Soma, Dilaudid, Imitrex, urine drug screen, continue home exercise program, moist heat, stretching, side port Dye study of intrathecal pump, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT to follow side port dye study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for Imaging, Laason, 1989.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Myelography.

Decision rationale: The patient presents on 06/23/15 with headaches and pain in the left leg, left calf, and left foot upon ambulation. The patient's date of injury is 04/09/96. Patient is status post spinal cord stimulator revision, and intrathecal pump placement at a date unspecified. The request is for CT to follow side port dye study. The RFA is dated 06/23/15. Physical examination dated 06/23/15 reveals diffuse tenderness in the lumbar spine, positive straight leg raise test bilaterally, decreased sensation in the left lower extremity with hyperesthesia noted in the distal region of the affected limb. The patient is currently prescribed Sumatriptine, Soma, Dilaudid, Imitrex, topical compounded cream, Diflucan, Zovia, and Lasix. Patient's current work status is not provided. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Myelography Section states: Not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. In regard to the dye port study of this patient's intrathecal pump, the treater has not provided a reason for the request. Per progress report dated 06/23/15, the treater notes, "Side port dye study of IT pump to make sure catheter is functional and no fibromya [sic] forming at the tip of the catheter." However, the provider does not document any problems or defect to the patient's intrathecal pump, such as kinking, scarring or leakage which would require dye studies - and specifically states: "IT pump analyzed and working appropriately." Without evidence of IT pump insufficiency, or a clearly stated suspicion of occlusion, a dye study is unnecessary and cannot be substantiated. Therefore, the request is not medically necessary.

Dilaudid 8mg 4 every 6 hours quantity 300: 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, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents on 06/23/15 with headaches and pain in the left leg, left calf, and left foot upon ambulation. The patient's date of injury is 04/09/96. Patient is status post spinal cord stimulator revision, and intrathecal pump placement at a date unspecified. The request is for Dilaudid 8mg 4 every 6 hours quantity 300. The RFA is dated 06/23/15. Physical examination dated 06/23/15 reveals diffuse tenderness in the lumbar spine, positive straight leg raise test bilaterally, decreased sensation in the left lower extremity with hyperesthesia noted in the distal region of the affected limb. The patient is currently prescribed Sumatriptine, Soma, Dilaudid, Imitrex, topical compounded cream, Diflucan, Zovia, and Lasix. Patient's current work

status is not provided. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Dilaudid for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Visit dated 06/23/15 does not specifically address the efficacy of this patient's narcotic oral medications. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence of past inconsistency or aberrant behavior. However, the provider neglects to document how this patient's medications reduce pain via a validated scale - instead noting pain levels on "good days" versus "bad days" and does not include any activity-specific functional improvements attributed to narcotic medications. Given the lack of complete 4A's, documentation, the continuation of Dilaudid cannot be substantiated and this patient should be weaned. The request is not medically necessary.

Soma 350mg quantity 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents on 06/23/15 with headaches and pain in the left leg, left calf, and left foot upon ambulation. The patient's date of injury is 04/09/96. Patient is status post spinal cord stimulator revision, and intrathecal pump placement at a date unspecified. The request is for Soma 350mg quantity 90. The RFA is dated 06/23/15. Physical examination dated 06/23/15 reveals diffuse tenderness in the lumbar spine, positive straight leg raise test bilaterally, decreased sensation in the left lower extremity with hyperesthesia noted in the distal region of the affected limb. The patient is currently prescribed Sumatriptine, Soma, Dilaudid, Imitrex, topical compounded cream, Diflucan, Zovia, and Lasix. Patient's current work status is not provided. MTUS Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Guidelines, Muscle relaxants (for pain) section, page 63-63 under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 02/25/15. However, MTUS does not support the use of Soma for longer than 2-3 weeks. While this patient presents with significant chronic pain, the request for 90 tablets in addition to prior use does not imply the intent to limit this medication's use to short-term. Therefore, the request is not medically necessary.