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| Case Number: | CM15-0036335 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 04/20/2013 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Internal 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 47-year-old female, who sustained an industrial injury on 04/20/2013. She has reported low back pain. The diagnoses have included chronic pain syndrome; and failed back surgery syndrome. Treatment to date has included medications, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet, Ambien, Cymbalta, and Soma. A progress note from the treating physician, dated 01/19/2015, documented a follow-up visit with the injured worker. The injured worker reported sharp pain in the lower back and down both legs. Objective findings included lumbar tenderness; highly limited lumbar spine range of motion; and straight leg raise positive on left. Request is being made for MRI of the lumbosacral spine; lumbar epidural steroid injection; and prescription medications. On 01/26/2015 Utilization Review noncertified a prescription for MRI LSS (L3-4 and L4-S1) Qty 1; Lumbar ESI (L3-4) Qty 1; Ambien 10 mg Qty 1; Percocet 10/325 Qty 1; and Soma 350 mg Qty 1. The CA MTUS, ACOEM and the ODG were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of a prescription for MRI LSS (L3-4 and L4-S1) Qty 1; Lumbar ESI (L3-4) Qty 1; Ambien 10 mg Qty 1; Percocet 10/325 Qty 1; and Soma 350 mg Qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LSS (L3-4 and L4-S1) Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of chronic low back despite multiple treatment modalities, including surgery. Documentation provided fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to justify the need for repeat MRI. The request for MRI LSS (L3-4 and L4-S1) Qty 1 is not medically necessary per MTUS.

Lumbar ESI (L3-4) Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic low back pain with diagnosis of failed back surgery syndrome. At the time of the request under review, documentation fails to show objective physical exam findings of radiculopathy or prescribed concurrent home exercise program. Physician reports show no significant improvement in pain or function with prior treatment. The request for Lumbar ESI (L3-4) Qty 1 is not medically necessary by MTUS.

Ambien 10mg Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills 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 may. There is also concern that they may increase pain and depression over the long-term. Documentation provided shows that the injured worker has been prescribed Ambien for a period longer than recommended by guidelines with no significant functional improvement. The request for Ambien 10mg Qty 1 is not medically necessary by MTUS.

Percocet 10/325 Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325 Qty 1 is not medically necessary.

Soma 350mg Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Soma. The request for Soma 350mg Qty 1 is not medically necessary per MTUS guidelines.