

Case Number:	CM15-0061292		
Date Assigned:	04/07/2015	Date of Injury:	01/10/2007
Decision Date:	05/29/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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, Arizona

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:

The injured worker is a 42-year-old male who reported an injury on 01/10/2007. The mechanism of injury was the injured worker was rammed by another machine. The injured worker underwent a lumbar fusion at L2-3 and subsequent removal of hardware on 06/19/2013. The documentation indicated the injured worker had a psychological evaluation which did not indicate the injured worker was cleared for intrathecal pump trial. The documentation indicated the injured worker's psychological condition was having a negative impact on interpersonal relationships. Prior therapies included medications and a trial of a spinal cord stimulator in 11/2010 which was noted to have failed. The documentation of 02/17/2015 revealed the injured worker had severe and debilitating pain in the low back with ongoing radicular symptoms to the bilateral lower extremities. The injured worker was noted to have undergone 4 surgeries for his low back and was reluctant to undergo further therapy. The documentation indicated that the physician had received authorization to proceed with an intrathecal morphine pump trial and was in the process of scheduling the injured worker but it was later denied due to the agreement that the injured worker would enter a detox facility. The injured worker was now ready to proceed with the trial. The medications included Norco 10/325 up to 8 tablets per day which allowed him to perform his activities of daily living and simple chores around the house, including cooking and cleaning, with less pain. The injured worker was utilizing Anaprox DS 550 mg 1 tablet by mouth twice a day and Prilosec 20 mg twice a day. The injured worker underwent urine drug screens. The injured worker had tenderness to palpation bilaterally with increased muscle rigidity of the lumbar spine. There were numerous trigger points that were palpable and tender

throughout the lumbar paraspinal muscles and the injured worker had decreased range of motion with obvious muscle guarding. The diagnosis included lumbar degenerative disc disease with spondylolisthesis; bilateral lower extremity radiculopathy, right greater than left; medication induced gastritis; sleeping difficulties; reactionary depression; and anxiety. The treatment plan included an intrathecal infusion pump and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #120 2 months supply dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate the injured worker had objective pain relief. The injured worker was noted to have objective functional improvement. There was a lack of documented rationale for 2 months of medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Anaprox DS 550 mg #120, 2 month supply dispensed is not medically necessary.

Home health nurse to check on patient during the evening of the lumbar spine trial of intrathecal narcotic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Norco 10/325mg #240, 1 post dated refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78, 86, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): s 60 and 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation of an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for side effects. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Additionally, regarding the request for 1 postdated refill, the date of service was not noted. Given the above, the request for Norco 10/325 mg #240 with a postdated refill is not medically necessary.

Placement of an epidural catheter in case the patient needs to be rebolused the next day (after the trial of intrathecal narcotic): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systemes (IDDS) Page(s): s 52-53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cordstimulators), Implantable drug-delivery systems (IDDSs) Page(s): s 52 and 101.

Decision rationale: The California MTUS Guidelines recommend implantable drug delivery systems and an end stage treatment for alternative selected patients for specific conditions, including failed back surgery syndrome. It is approved and indicated for chronic intractable pain. Additionally, the guidelines indicate the injured worker should have a psychological evaluation prior to implantation, specifically meant to clear the injured worker. The clinical documentation submitted for review failed to provide documentation clearing the injured worker for the implantable drug delivery system. Given the above, the request for Placement of an epidural catheter in case the patient needs to be rebolused the next day (after the trial of intrathecal narcotic) is not medically necessary.

Prilosec 20mg #120, 2 month supply dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation that the injured worker was at intermediate or higher risk for gastrointestinal events. There was a lack of documentation indicating the efficacy for the

requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for a 2 month supply of the medication. Given the above, the request for Prilosec 20 mg #120, 2 month supply dispensed is not medically necessary.