

Case Number:	CM15-0095817		
Date Assigned:	05/22/2015	Date of Injury:	08/21/2009
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 35 year old male, who sustained an industrial injury on 8/21/09. The injured worker has complaints of back pain and leg pain. The documentation on examination noted the injured worker has normal strength in bilateral lower extremities; straight leg raise was present bilaterally at 60 degrees and he had discomfort with his gait, otherwise normal. The diagnoses have included status post lumbar spinal fusion; lumbar spondylosis and lumbosacral or thoracic radiculopathy. Treatment to date has included L5-S1 (sacroiliac) posterior decompression and fusion with fixation; percocet; valium; neurontin; physical therapy; lumbar spine X-rays show good placement of his mentation as hypolordosis at L5-S1 (sacroiliac), it is listhesis of L4-L5 present and hard to evaluate his posterior fusion on the study and magnetic resonance imaging (MRI) of the lumbar spine showed a wide decompression at L5-S1 (sacroiliac) with no obvious nerve root compression at L5-S1 (sacroiliac) and improved foraminal opening at L5-S1 (sacroiliac), moderate to severe bilateral L4-5 foraminal stenosis with facet arthropathy and mild lateral recess and mild to moderate central stenosis at L4-5 and disc herniation at L4-5, with mild central and mild early moderate lateral recess stenosis. The request was for percocet 10/325mg #90; valium 5mg #60; neurontin 300mg #90 and 12 post-operative physical therapy treatments to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Percocet 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain and leg pain. The treating physician has documented that the injured worker is status post lumbar spinal fusion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg #90 is not medically necessary.

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page 24 Page(s): 24.

Decision rationale: The requested Valium 5mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has back pain and leg pain. The treating physician has documented that the injured worker is status post lumbar spinal fusion. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 5mg #60 is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18 Page(s): 16-18.

Decision rationale: The requested Neurontin 300mg #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has back pain and leg pain. The treating physician has documented that the injured worker is status post lumbar spinal fusion. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin 300mg #90 is not medically necessary.

12 post-operative physical therapy treatments to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested 12 post-operative physical therapy treatments to the lumbar spine is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Lumbar Disc, Postsurgical treatment (fusion): 34 visits over 16 weeks; "Postsurgical physical medicine treatment period: 6 months." The injured worker has back pain and leg pain. The treating physician has documented that the injured worker is status post lumbar spinal fusion. The injured worker is past the post-op therapy period and the treating physician has not documented the medical necessity for therapy sessions beyond two sessions for HEP transition. The criteria noted above not having been met, 12 post-operative physical therapy treatments to the lumbar spine is not medically necessary.