

Case Number:	CM14-0140635		
Date Assigned:	09/10/2014	Date of Injury:	11/30/2010
Decision Date:	10/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 11/30/10. A utilization review determination dated 7/31/14 recommends non-certification of hip x-ray, back brace, and spinal cord stimulation (SCS) trial. Dilaudid was modified from #90 to #30 and Ambien was modified from #30 with 3 refills to #30 with no refills. It referenced a 7/19/14 medical report identifying low back pain 6-8/10. On exam, there was tenderness in the low back with numbness and decreased deep tendon reflexes in the bilateral knees. Recommendations included SCS trial, right hip x-ray, back brace, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, X-Ray

Decision rationale: Regarding the request for hip x-ray, California MTUS does not contain criteria for hip radiographs. The ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Within the documentation available for review, there is no indication of a severe acute injury, any red flags, or any indication of suspicion of new or progressive osteoarthritis. Additionally, there are no legible physical examination findings related to the patient's hip, no identification that the patient has failed any conservative treatment for these complaints, and no statement indicating how the treatment plan would be affected based upon the outcome of the currently requested imaging study. In the absence of such documentation, the currently requested hip x-ray is not medically necessary.

SCS trial (spinal cord stimulators): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that SCS are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. The guidelines support the use of SCS for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. The guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, there is no indication of symptoms/findings consistent with a diagnosis for which a SCS would be indicated per the California MTUS. Furthermore, there is no indication that all less invasive procedures have failed or are contraindicated and there is no documentation of a successful psychological clearance evaluation. In the absence of such documentation, the currently requested SCS trial is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for a back brace, the ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, this patient is well beyond the acute stage of injury and there is no indication of spinal instability, compression fracture, or another clear rationale for the use of a back brace. In the absence of such documentation, the currently requested back brace is not medically necessary.

Dilaudid 8mg one PO TID #990: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Dilaudid (Hydromorphone), California Pain Medical Treatment Guidelines state that Dilaudid is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Dilaudid (Hydromorphone) is not medically necessary.

Ambien 10mg one PO Q HS #30 with 3 refills: Upheld

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

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

Decision rationale: Regarding the request for Zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Zolpidem (Ambien) is not medically necessary.