

Case Number:	CM14-0148619		
Date Assigned:	09/18/2014	Date of Injury:	04/26/1999
Decision Date:	10/23/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation 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:

The injured worker is a 49-year-old female with a reported date of injury on 04/26/1999. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar radiculopathy, status post lumbar spine microdiscectomy, lumbar spine fusion, failed back syndrome, and cerebrovascular accident with left sided weakness. Her previous treatments were noted to include medications, RS4T muscle stimulator and interferential unit, and ankle braces. The progress note, dated 07/01/2014, revealed complaints of low back pain that radiated to the lower extremities, insomnia due to chronic pain, gastrointestinal upset, depression, bilateral pedal edema, and stroke with left sided weakness to the arm and leg. The physical examination revealed the injured worker was in a wheelchair wearing a long AFO brace on the left leg. The gait was not examined due to the stroke with left sided leg and arm weakness. The reflexes were noted to be diminished on the left lower extremity. There was trace pedal edema to the ankles noted. The physical examination of the lumbar spine revealed moderate paralumbar muscle spasms. The straight leg raise and Lasegue's was not performed due to the stroke. The Request for Authorization form was not submitted within the medical records. The request was for morphine IR 15 mg every 4 hours up to #30, QTY 20 for pain, the RS4T muscle stimulator interferential unit and supplies (however, the provider's rationale was not submitted within the medical records), a lumbosacral brace for her low back due to the significant pain, and Restoril 1 tablet for sleep difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 15mg every 4 hours up to #30 QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioid therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Morphine IR 15mg every 4 hours up to #30 QTY: 20 are not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing , including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of significant pain relief on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens, and when the last test was performed. Therefore, due to the lack of documentation, this request is not medically necessary.

RS4t muscle stimulator interferential unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The request for RS4t muscle stimulator interferential unit and supplies is not medically necessary. The injured worker has been utilizing this device since at least 01/2014. The guidelines do not recommend the interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and postoperative knee pain. There is a lack of documentation regarding the injured worker utilizing the RS4T muscle stimulator interferential unit in adjunct with a physical rehabilitation program. There is a lack of documentation regarding pain relief on a numerical scale with the utilization of this device, as well as how often the unit was used, and to show a reduction in pain medication. Therefore, the request is not medically necessary.

Lumbosacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment

Guidelines, Low Back Complaints. 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): 308.

Decision rationale: The request for Lumbosacral brace is not medically necessary. The injured worker has been utilizing a lumbosacral brace since at least 01/2014. The CA MTUS/ACOEM Guidelines do not recommend lumbar supports for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker has been utilizing a lumbosacral brace; however, the guidelines do not recommend lumbar support beyond the acute phase of symptom onset, and the injured worker is in the chronic phase of back pain. Therefore, the request is not medically necessary.

Restoril 30mg one tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines Page(s).

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

Decision rationale: The request for Restoril 30mg one tablet is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. There is a lack of documentation regarding sleep duration and quality with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.