

Case Number:	CM13-0015362		
Date Assigned:	10/08/2013	Date of Injury:	11/28/1995
Decision Date:	01/16/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 70 year-old male with an industrial neck and back injury on 11/28/1995. The independent medical review (IMR) application shows a dispute with the 8/2/13 Utilization Review (UR) decision. The 8/2/13 UR letter is by [REDACTED] and is based on the 7/23/13 report by the treating physician . The medical records for the IMR from the treating physician are from 6/28/12 through 9/17/13. There have been labs on 6/28/12, 3/25/13 and 9/17/13. The 7/27/12 medical report shows the patient has cervical and lumbar laminectomy syndromes, myofascial pain, depression and anxiety. On 7/27/12 the patient was using Celebrex, Miralax, Lidoderm patches and methadone 20mg tid. His pain was 9/10, but the medications decreased his pain by 60%. He was also treated by the VA and was on ASA 81mg, doxepin, loratadine, omeprazole, sertraline, simvastatin, vardenafil, clonazepam, metoprolol, Proventil, and Androderm patches. He had history of alcohol abuse, illegal drug use and tobacco 1PPD x50 years. The 7/23/13 report from Dr. [REDACTED] states the medications provide 60% decrease in his VAS scores, and he can do ADLs on a limited basis. There was no nausea, vomiting or somnolence from medications. He did have constipation from narcotic analgesics. He continues to use a cane to ambulate and continues to have his regular medical care provided at the VA.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10mg # 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The records show the patient has been stable on Methadone since 2012. He has cervical and lumbar post laminectomy syndrome. He was taking 20mg, 3 times a day and having 60% reduction in pain from 9/10 baseline. The physician has been monitoring compliance and reports no side effects other than constipation that was managed with Miralax. According to MTUS guidelines, this is a satisfactory response. The methadone appears to be provided in accordance with MTUS guidelines.

1 Prescription of Lidoderm patches #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: MTUS guidelines state Lidoderm patches can be used for local peripheral pain after trial of first-line therapy (TCA, Serotonin-norepinephrine reuptake inhibitors (SNRI), or AED). The available records for IMR go back through 6/28/12, but do not mention any trial or concurrent use of first-line therapy. Medical records do not confirm the use of Lidoderm Patches were/are in accordance with MTUS criteria.

1 Prescription of Celebrex 200 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: MTUS states "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The patient has been using Celebrex with Methadone with a 60% reduction in VAS scores, as reported by his physician. The patient has Gastrointestinal (GI) risk factors, being he is 70 years-old. The use of Celebrex is in accordance with MTUS guidelines.

1 Prescription of Miralax 527 grams bottle #1: Overturned

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:

1 lumbar transforaminal EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: For Epidural Steroid injections (ESI), MTUS states, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS then provides specific criteria for epidural injections. The first condition for ESI is "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the medical records provided from 6/28/12 through 9/17/13 do not document radiculopathy on physical examination. There is no mention of pain in a dermatomal distribution. There were no sensory or neurological findings presented in any dermatomal pattern, and finally, there were no imaging reports or electrodiagnostic studies provided to suggest or corroborate radiculopathy. The request for the lumbar ESI is not in accordance with MTUS criteria.

1 Testing for liver and kidney function: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guidelines Clearinghouse does not provide recommendations)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

Decision rationale: CA MTUS does mention risk of hepatic and renal involvement with non-steroidal anti-inflammatory drugs (NSAID)'s use and recommends routine monitoring. There were two Urine Drug Testing (UDT) in 2013 and one in 2012, but there did not appear to be any labs for evaluation of liver or kidney function. The liver and kidney function tests appear to be in accordance with MTUS guidelines.

1 Testing for testosterone levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: MTUS states "Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia." The medical records provided do not mention gynecomastia or other clear signs of hypogonadism. Furthermore, it appears that the patient was being treated at the VA back on 7/27/2012 with Androderm patches, which the 7/23/2013 report states he continues to treat at the VA for his regular medical care. There is no discussion of whether the patient stopped getting his testosterone levels checked or stopped getting testosterone replacement. Without the reporting of current symptoms of hypogonadism, the test for testosterone levels is routine and is not in accordance with MTUS.

1 Test for Vitamin D: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, ODG-TWC Guidelines, online, Pain Chapter - Vitamin D (cholecalciferol)

Decision rationale: A reference to Vitamin D was not located in MTUS/Chronic pain or MTUS/ACOEM guidelines, so (ODG) Official Disability Guidelines were consulted. ODG guidelines "recommend consideration in chronic pain patients and supplementation if necessary. Under study as an isolated pain treatment, and vitamin D deficiency is not a considered a workers' compensation condition." The medical records do not document suspected vitamin D deficiency.