

Case Number:	CM13-0015731		
Date Assigned:	03/12/2014	Date of Injury:	12/28/1992
Decision Date:	04/22/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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 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 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 patient is a 67-year-old female with date of injury of 12/28/1992. Per treating physician report 07/29/2013, presenting symptoms are low back pain (moderate to severe), persistent low back gluteal area radiation to lateral calf, right calf, left foot, right foot, left thigh, right thigh. The patient is a 67-year-old female with date of injury of 12/28/1992. Per treating physician report 07/29/2013, presenting symptoms are low back pain (moderate to severe), persistent low back gluteal area radiation to lateral calf, right calf, left foot, right foot, left thigh, right thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: URINALYSIS, TSH, CBC WITH DIFF, CHEM 20: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 194.

Decision rationale: This patient presents with multiple problems as listed by the treating physician's report. Periodic laboratory including urinalysis, TSH, CBC, Chem-20 are quite appropriate and consistent with recommended guidelines. The patient is on a long list of

medications including Zanaflex, Xenical, Wellbutrin, OxyContin, Lidoderm, Hydroxyzine, Gabapentin, Dextromethamphetamine sulfate. Recommendation is for authorization.

LABS: EIA 9, OXYCODONE: Overturned

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 Page(s): 94-95.

Decision rationale: This patient presents with chronic low back pain along with multiple other medical problems. The patient is 67 years old. EIA 9 laboratory is a test code that includes amphetamine, barbiturates, benzodiazepine, cocaine metabolites, marijuana, methadone, opiates, etc. The request is to include oxycodone. Recommendation is for authorization. This patient is on very high doses of medications. [REDACTED] is obtaining laboratory studies about every 6 months which is appropriate. The last laboratory request was from 03/28/2013. Given the patient's long list of medications and long list of medical problems, these laboratory tests are reasonable and consistent with guidelines. Recommendation is for authorization.

BENZAEPRI/ HYDROCHLOROTHIAZIDE 20-25MG: 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 FDA, Indications and Usage for Hydrochlorothiazide Capsules.

Decision rationale: This patient presents with chronic pain syndrome having failed multiple surgery of the lumbar spine. The treating physician has prescribed benazepril and HCTZ which are hypertensive medications. However, a long list of medical problems on this patient does not include hypertension. Reports were reviewed from 01/30/2013 to 08/21/2013, and there is not a single mention of the patient's blood pressure issues being addressed. The treating physician has obtained blood pressure on each visit and they appear quite normal with blood pressure of 118/75 mmHg per report 08/21/2013. It is not known whether or not this blood pressure is well maintained due to the blood pressure medication the patient is taking. Given lack of any discussion regarding the use of this medication, authorization cannot be recommended. MTUS Guidelines page 8 require that the physician provide monitoring for appropriate treatments. In this case, while the treating physician has prescribed the medication, there was no diagnosis of hypertension that would require antihypertensive medication and the patient's blood pressures appear normal. Recommendation is for denial.

DEXTROAMPHETAMINE SULFATE 5MG #90: 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 Medications For Chronic Pain Page(s): 60-61.

Decision rationale: This patient presents with chronic low back with long list of different diagnoses problems. There is a request for dextroamphetamine. Medical records reports reviewed from 01/30/2013 through 08/21/2013 showed that this patient has been on this medication all along. However, there is not a single mention of why this medication is being prescribed other than presumed drowsiness from high doses opiates. There is no discussion specific for this medication as to whether or not it is doing anything for the patient's pain and function. MTUS Guidelines page 60 require that for chronic pain medication use, pain and function needs to be documented. In this case, there is no discussion regarding efficacy of this medication as it relates to this patient's pain or other issues. Recommendation is for denial.

ESTRADIOL 1MG: 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 Pain Outcomes And Endpoints Page(s): 8-9.

Decision rationale: This patient presents with chronic low back pain with failed multiple surgeries, along with multiple other medical issues. There is a request for estradiol but none of the reports reviewed describe why this medication is being prescribed. Reports were reviewed from 01/30/2013 through 08/21/2013 on a monthly basis. The treating physician has estradiol listed, but none of the reports discuss the rationale behind the use of this medication. List of assessment and problem list do not include any diagnosis that may require estrogen replacement. Given the lack of discussion regarding the use of his medication, recommendation is for denial. MTUS Guidelines page 8 requires that the treating physician provide monitoring for treatments and make appropriate recommendations. In this case, such monitoring is not provided.

LEVOXYL: Overturned

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 Indications and Usage for Levoxyl.

Decision rationale: This patient presents with chronic low back pain and among other problems, the treating physician lists hypothyroidism for which Levoxyl is being prescribed. Recommendation is for authorization.

LIDODERM 5% #120 WITH 4 REFILLS: 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 Lidoderm and Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: This patient presents with chronic low back pain, lower extremity pain with multiple lumbar surgeries. Patient has multiple other pain problems including bunionectomy, knee replacement SI joint pain, carpal tunnel syndrome, et cetera. There is a request for Lidoderm 5% patches. MTUS Guidelines support use of Lidoderm patches for localized pain that is of neuropathic etiology. This medication is recommended after evidence of trial of first-line neuropathic medications including antidepressants, gabapentin, or Lyrica. ODG Guidelines further states that this medication is not generally recommended for treatment of osteoarthritis for myofascial trigger points. Trial of patch treatment is recommended for short term and with no other medication changes to be made during the trial period, outcome should be reported at the end of the trial. ODG Guidelines further states that continued outcome should be intermittently measured and if improvement does not continue, patch should be discontinued. In this patient, despite review of reports from 01/30/2013 through 08/21/2013, there is not a single mention of how this medication patch has helped with this patient. Lidoderm patch is not discussed separately to determine whether or not it has been helpful. More importantly, there is lack of documentation that there is a localized pain that is consistent with neuropathic etiology. This patient has widespread pain but no localized peripheral pain due to neuropathic etiology for which Lidoderm is indicated. Recommendation is for denial.

MEDROXYPROGESTERONE ACET 2.5MG: 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 FDA.

Decision rationale: This patient presents with chronic low back pain with failed multiple surgeries, along with multiple other medical issues. There is a request for medroxyprogesterone but none of the reports reviewed describe why this medication is being prescribed. Reports were reviewed from 01/30/2013 through 08/21/2013 on a monthly basis. The treating physician has medroxyprogesterone listed, but none of the reports discuss the rationale behind the use of this medication. List of assessment and problem list do not include any diagnosis that may require estrogen replacement. Given the lack of discussion regarding the use of his medication, recommendation is for denial. MTUS Guidelines page 8 requires that the treating physician provide monitoring for treatments and make appropriate recommendations. In this case, such monitoring is not provided

OXYCONTIN 20MG #300: Overturned

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 Opioids Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain with multiple other listed medical issues. The request is for OxyContin 20 mg #300 per month. Careful review of all of the reports from 2013 (that included reports from 01/30/2013 through 08/21/2013) show that the treating physician has provided adequate documentation regarding the benefit from this medication. For example, pain scales are provided each visit, and the medications have helped the patient's pain level to go from 9/10 to 6/10; in other places, from 8/10 to 4/10. The treating physician has utilized American Chronic Pain Association Quality Of Life Scale, demonstrating functional benefit. The treating physician has provided multiple urine drug screens, and the patient is monitored closely on a monthly basis. Urine drug screens have been consistent, dating back to 11/06/2012 and other recent ones. Furthermore, the treating physician has done his best to taper this patient off of the OxyContin. Recent note from 08/21/2013 has the OxyContin down to 270. Throughout 2013, the patient was 330 pills per month. MTUS Guidelines require documentation of pain and functional improvement with chronic opiate use. It requires documentation of function using a validated instrument or numerical scale. In this case, both of these have been provided as well as functional measure. Recommendation is for authorization.

TOVIAZ 4MG: Overturned

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 Indications and Usage for Toviaz.

Decision rationale: This patient presents with chronic low back pain along with many other medical issues including urinary incontinence. For patient's urgency of urination and incontinence, the treating physician has been prescribing Toviaz 4 mg. Review of the reports show that patient does not have GU symptoms with the use of medications. Review of the multiple reports show, under genitourinary system, that the patient is negative for dysuria, hematuria, polyuria, frequency, urinary incontinence, and urinary retention. Although the treating physician does not discuss the efficacy of this medication, given the patient's absence of urinary frequency and incontinence, presumably the medication has been helpful. Recommendation is for authorization.

XENICAL (ORLISTAT) 120MG (60) WITH 4 REFILLS: 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 Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number.

Decision rationale: This patient presents with chronic low back pain with multiple other issues. There is a request for Xenical, a medication used to treat obesity. Review of the reports show that the treating physician is prescribing this medication for constipation. The reports show that the patient is obese with BMI at 34, per report 08/21/2013. MTUS, ACOEM, and ODG Guidelines do not address Xenical. AETNA Guidelines have a discussion regarding this medication. For weight reduction medication, AETNA Guidelines states that "weight reduction medications are considered medically necessary for members who have failed to lose at least 1 pound per week after at least 6 months on a weight loss program that includes a low-calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria." That includes BMI greater than 30 and any of the following obesity-related risk factors considered serious enough to warrant pharmacotherapy. These include coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, and type 2 diabetes mellitus. For these patients, AETNA Guidelines support the use of Xenical among other medications. In this patient, the treating physician does not discuss the use of Xenical. It is one of the recurrent prescribed medication from month to month. The treating physician has been keeping track of the patient's BMI, and it shows that on 03/28/2013 the patient's BMI was actually 33, and on 08/21/2013, BMI was 34. Therefore, it appears that Xenical has not done much to reduce weight on this patient. Furthermore, there is no documentation of concurrent medical problems such as coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, or type 2 diabetes