

Case Number:	CM13-0020988		
Date Assigned:	10/11/2013	Date of Injury:	12/31/2004
Decision Date:	01/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/06/2013

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 Physical Medicine and 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 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:

This is 61 year-old male sustained a low back injury on 12/31/04 while employed by [REDACTED]. The patient is S/P (status post) lumbar fusion with hardware removal on 10/20/09. Per an 8/16/13 report from [REDACTED], the patient has long history of severe low back pain with recent report of non-specific acute flare-up as every report has indicated unchanged severe pain. Diagnoses has included s/p lumbar hardware removal and fusion (10/20/09); psychiatric complaints; gastrointestinal problems; hypertension; dermatological complaints; and sleep disorder. Treatment has included using opioids, various benzodiazepines, muscle relaxants, (NSAIDs) Non-Steroidal Anti-Inflammatory Drugs and Omeprazole since at least 10/23/12. Prescription by [REDACTED] for Xoten-C topical lotion (Capsaicin/Menthol/Methyl Salicylate), Triazolam, Norco, along with X-ray of the lumbar spine, 10 sessions of physical therapy, and Urine drug screen were non-certified. Appeal report of 8/29/13 from [REDACTED] noted the patient had complaints of increased back and leg pain, but continued to improve with home exercise program. Clinical exam noted paraspinal muscle tenderness, spasm, restricted lumbar range of motion with flexion of 30 and extension to 15 degrees. There was a well-healed surgical scar consistent with lumbar fusion with tight hamstrings. Intramuscular Toradol injection was given along with appeal for multiple prescriptions refilled including Xoten-C topical lotion (Capsaicin/Menthol/Methyl Salicylate), Triazolam, Norco, along with x-ray of the lumbar spine, 10 sessions of physical therapy, and urine drug screen quoting guidelines and indication for the treatment plan. He noted the topical compound medication is indicated to relieve the patient's minor aches; the Triazolam was being prescribed as a sedative to improve sleep from the added muscle relaxant component; Norco is to relieve moderate to severe pain and has provided the patient to execute activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xoten-C, 0.002%,10%,20% 120ml:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113..

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Xoten-C over oral (NSAIDs) Non-Steroidal Anti-Inflammatory Drugs or other pain relievers for a patient without contraindication in taking oral medications which has not been demonstrated in this patient. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. Components include Capsaicin, Methylene Salicylate and Menthol. Topical Salicylate is only recommended for short-term use for osteoarthritis and tendinitis, in particular for joints such as the knees and elbows; however, this individual is treating for chronic low back pain, not meeting the criteria for this compound topical. Xoten-C 0.002%,10%,20% 120ml is not medically necessary and appropriate.

1 prescription of Triazolam 0.125mg #30: 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 Chronic Pain Medical Treatment Guidelines, Benzodiazepines Page(s): 24..

Decision rationale: Triazolam (Brand Name: Halcion) is in a group of drugs called benzodiazepines and is a hypnotic used to treat insomnia symptoms. Like other benzodiazepines, it acts by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per California Chronic Pain Medical Treatment Guidelines, for Benzodiazepines, Triazolam is used for the short-term relief of the symptoms of anxiety and insomnia not recommended longer than 4 weeks. Submitted reports from Dr. Larson and have not adequately addressed the indication for Triazolam's continued use for the 2004 injury nor is there documented functional efficacy from treatment already rendered. There is no report demonstrating specific sleeping disorder and how effective the medication has provided in terms of daily function from any evidence of better sleep. Triazolam is not medically necessary and appropriate.

X-ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309..

Decision rationale: ACOEM Treatment Guidelines for Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations supports radiographs when red-flags (i.e. fracture, cancer) are suspected. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are evidence; however, submitted clinical reports only noted lumbar exam with paraspinal tenderness, spasm, restricted range of motion with well-healed incision. There is no demonstrated acute findings of neurological deficits or change in clinical condition to warrant for a routine x-ray. The X-Rays of the Lumbar Spine is not medically necessary and appropriate.

10 sessions of Physical Therapy: 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 Chronic Pain Medical Treatment Guidelines, Physical Therapy.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. In addition, the treating physician, [REDACTED]. [REDACTED] has noted the patient is improving with the continuing with his home exercise program. There is also no specific acute flare-up demonstrated. The 10 sessions of Physical Therapy is not medically necessary or appropriate.

Norco 10/325mg #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 Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 79..

Decision rationale: California Chronic Pain Medical Treatment Guidelines, cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance California Chronic Pain Medical Treatment Guidelines, pages, 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The California Chronic Pain Medical Treatment Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted physical reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Norco is not medically necessary and appropriate. ❌❌❌❌❌❌❌❌❌❌

Urine Drug Screen: 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 Chronic Pain Medical Treatment Guidelines, Drug Testing Page(s): 43..

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed chronic Norco this 2004 injury with last surgery of hardware removal in 2009. The patient has been (P&S) Permanent and Stationary and is not working. Presented medical reports from Atlas Pain Management and Dr. Larson have unchanged chronic severe low back symptoms with unchanged clinical findings of restricted lumbar range and paraspinal tenderness without motor or sensory neurological deficits. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS.

Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.