

Case Number:	CM13-0032256		
Date Assigned:	12/11/2013	Date of Injury:	09/29/2007
Decision Date:	03/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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, 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:

This is a 52 year-old female who was injured on 9/29/2007 when she was bringing 30 lbs of carne asada from the cooler in the back to a customer, it slipped and she bent to catch it but her back locked up. Currently, she has left lower extremity greater than low back pain. According to the 8/27/13 report and request for treatment from [REDACTED], the patient presents 4-months s/p L5/S1 decompression laminectomy, facetectomy and posterolateral fusion (3/6/13). She completed 16 PT sessions and is feeling better, with decreased pain and increased motion. The back pain was rated as 4-6/10, and left leg pain was 5-7/10. The leg pain is daily and intermittent but less frequent. [REDACTED] states that since the surgery, the left foot turns purple and is very sensitive to touch and he believes this is CRPS. Lyrica 75 mg helped more than Neurontin, but the carrier denied it, so she resorted to using the 50mg that she had leftover. She continues with decreased sensation to pinprick in the right L5 dermatome, and intact over all other lower extremity dermatomes. There was hyperesthesia, left dorsal foot and all toes. She has been diagnosed with: s/p anterior lumbar interbody fusion L5/S1; spondylolisthesis L5 on S1; probable lumbar radiculopathy; pars defect. [REDACTED] recommends an SCS trial for the left foot CRPS; continued Calcitriol 0.5mcg to enhance the ossification of the fusion; Norco 10/325mg for pain as needed; Lidoderm patches for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

A trial of dorsal column spinal cord stim: 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 Page(s): s 38, 105-107.

Decision rationale: The patient presents with left foot purple discoloration and hypersensitivity following an L5/S1 laminectomy, facetectomy and fusion. The physician suspects CRPS, but is not completely certain and requests a trial SCS on 8/27/13. Subsequent reports from 10/8/13 and 11/19/13 discuss a neurology referral for opinion on possible CRPS. MTUS has some support for SCS for CRPS, but states SCS are: "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial." The diagnosis of CRPS is not confirmed, and the patient has not had sympathetic blocks, or bone scan. There has been no prior, less invasive procedures for CRPS. The physician states the PT and medications were helping with the left leg symptoms. At the time of the request, the SCS trial did not appear to be in accordance with MTUS guidelines.

Calcitriol 0.5 mcg #60: 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, Vitamin D Section.

Decision rationale: The patient had a prior history of anterior lumbar fusion in 2009, and more recently on 3/6/13, underwent posterolateral fusion L5/S1, with decompression laminectomy and facetectomy. On 2/12/13, [REDACTED] requested pre-operative labs for medical clearance, but the results were not discussed nor provided for this IMR. The patient's calcium and vitamin D levels are not known. Calcitriol, a synthetic vitamin D analog was prescribed to "enhance the ossification of the fusion". I could not find a reference to Vitamin D in MTUS/Chronic pain or MTUS/ACOEM guidelines, so ODG guidelines were consulted. ODG guidelines state "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 guidelines do not state that Calcitriol will enhance the ossification of the fusion. The guidelines only recommend this if there is a deficiency, and states that a deficiency is not considered a workers' compensation condition. There is no supporting evidence provided that the patient has a deficiency. Based on the information provided, the use of Calcitriol is not in accordance with ODG guidelines.

Norco 10/325 mg #120: 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 Section Page(s): s 88-89.

Decision rationale: The patient has been using Norco 10/325mg, tid, since before the 3/6/13 L5/S1 fusion, laminectomy, and facetectomy. On 1/22/13, [REDACTED] reported the low back and leg pain was 4-6/10 and with the medications, it dropped to the 2-3/10 range. There has been no assessment of medication efficacy after the surgery, on the 10/8/13 report. The physician states without medications, she stays home and is less active, and with medications she is able to do more weight-bearing activities, walking and do garden work and go to the store and do errands. MTUS states a satisfactory response to medications for pain, can be shown with decreased pain, or improved function or better quality of life. The physician has now documented better function and quality of life. MTUS does not require discontinuation of a medication for pain, if it is providing a satisfactory response.

Lidoderm patches 1% #60: 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 Topical Analgesics Section Page(s): s 111-113.

Decision rationale: The patient presents with left leg and low back pain, and had undergone L5/S1 fusion, laminectomy, and discectomy on 3/6/13. The 8/27/13 report states the patient was to use Lidoderm patches, 2/day over the lower back as needed. An MTUS guideline for Lidoderm patches states: "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." The patient has tried Gabapentin and Lyrica, but the guideline states it is for "localized peripheral pain". The patient is using Lidoderm for axial low back pain. This does not appear to be used in accordance with MTUS guidelines, and there is no reporting of efficacy of the Lidoderm patches.