

Case Number:	CM13-0035361		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2002
Decision Date:	04/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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 applicant is represented [REDACTED] employee who filed a claim for chronic low back pain, anxiety, depression, and posttraumatic stress disorder reportedly associated with an industrial injury of November 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; psychotropic medications; and extensive periods of time off of work. In a utilization review report of August 23, 2013, the claims administrator denied a request for an epidural steroid injection, Crestor, Chlorhexidine, housekeeper, Flexeril, an internal medicine evaluation, a pain medicine evaluation, and medical transportation while approving request for Celebrex, Wellbutrin, Lunesta, and Hydrocodone. The applicant's attorney subsequently appealed. An earlier note of July 3, 2013 is notable for comments that the applicant reports persistent, frequent low back pain radiating to the bilateral lower extremities, in the 8 to 9/10 range. The applicant has a depressed mood and affect. Positive straight leg raising is noted. Limited lumbar and thoracic range of motion are noted. The applicant has burns about the back associated with a TENS unit usage. The applicant is reportedly "severely disabled." He is status post a spinal cord stimulator implantation. The attending provider states that the applicant has somewhat improved despite the fact that he is off of work. It is stated that the applicant needs transportation to drive him home after the procedure and that he needs a housekeeper to help him perform activities of daily living, including shopping for groceries. Hydrocodone, Flexeril, Crestor, Wellbutrin, Celebrex, Lunesta, and chlorhexidine solution are prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Epidural Injection at L5-S1, bilaterally(3rd injection in series): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Topic Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Topic Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, the pursuit of repeat epidural block should be based on functional improvement effective with prior blocks. In this case, however, the applicant has failed to affect any lasting benefit or functional improvement with prior blocks in terms of the parameters established in the MTUS Guidelines. The applicant is off of work and is described by the attending provider as "severely disabled." The applicant remains highly reliant on various analgesic medications, injections, psychotropic medications, etc. The applicant is reportedly having difficulties in performing simple activities of daily living, such as shopping for groceries. All the above, taken together, indicate a lack of functional improvement despite prior epidural steroid injections. The request for Transdermal Epidural Injection at L5-S1, bilaterally(3rd injection in series) is not medically necessary and appropriate.

Transdermal Epidural Injection at the S1 level bilaterally (3rd injection in series): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Topic Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Topic Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on functional improvement with prior blocks. In this case, however, there has been no evidence of functional improvement with prior blocks. The applicant remains off of work and is described as "severely disabled" by the attending provider. The applicant remains highly reliant on various medications, including Norco, Flexeril, Wellbutrin, Celebrex, Crestor, Lunesta, etc. All of the above, taken together, indicate a complete lack of functional improvement despite prior epidural steroid injections. The request for a Transdermal Epidural Injection at the S1 level bilaterally (3rd injection in series)

CHLORHEXIDINE ORAL SOLUTION: 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 National Library of Medicine: Chlorhexidine.

Decision rationale: The MTUS does not address the topic of chlorhexidine usage. As noted by the National Library of Medicine (NLM), chlorhexidine is an oral antiseptic agent used to treat gingivitis. In this case, the information on file does not make any mention of gingivitis, pain about the gums, or issues with oral hygiene for which chlorhexidine would be indicated. The request for Chlorhexidine oral solution 1419 mg is not medically necessary and appropriate.

Crestor 20 mg (90 day supply): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Drug Reference, Crestor Topic: <http://www.pdr.net/drug-summary/crestor?druglabelid=2318>

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference (PDR), Crestor is an HMG-CoA Reductase Inhibitor or medication employed to treat elevated cholesterol. In this case, however, there is no evidence that the applicant has a diagnosis of dyslipidemia for which usage of Crestor would be indicated. There is no evidence that the applicant is using Crestor prophylactically, for preventative purposes, to reduce the risk of a stroke and/or myocardial infarction. No rationale for usage of the drug in question was provided by the attending provider. The request for Crestor 20 mg (90 day supply) is not medically necessary and appropriate.

Flexeril 10 mg (90 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other agents chronically, including Norco, Wellbutrin, Celebrex, etc. Adding Cyclobenzaprine or Flexeril is not recommended. The request for Flexeril 10 mg (90 day supply) is not medically necessary and appropriate.

Assistance with housekeeping for eight hours a day for two days a week for the next six to eight weeks(per days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, home health services are not covered when assistance of activities of daily living is a sole service required. In this case, the attending provider has sought authorization for assistance with activities of daily living, such as shopping for groceries. The request for assistance with housekeeping for eight hours a day for two days a week for the next six to eight weeks(per days) is not medically necessary and appropriate.

INTERNAL MEDICINE CONSULTATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: While the attending provider wrote that he recommended and requested authorization for an internal medicine evaluation and follow-up, he did not state for what purpose the internal medicine consultation was being sought. While page 1 of MTUS Chronic Pain Medical Treatment Guidelines does state that an attending provider should determine whether a specialist evaluation is necessary in those applicants with persistent complaints, in this case, the attending provider has not proffered any applicant specific rationale or narrative along with the request for authorization for the Internal Medicine consultation. It is not clear why an Internal Medicine consultation is being sought here. The bulk of the applicant's issues are chronic pain, depression, anxiety, and insomnia. There is no mention of any diagnosis for which an Internal Medicine consultation would be indicated. The request for an internal medicine consultation is not medically necessary and appropriate.

PAIN MANAGEMENT EVALUATION AND TREATMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's longstanding, chronic pain complaints have proven recalcitrant to time, medications, injections, a spinal cord stimulator, etc. Obtaining the added expertise of a pain management physician specializing in chronic pain is indicated and appropriate. The request for a pain management evaluation and treatment based on outcome of evaluation is medically necessary and appropriate.

TRANSPORTATION TO AND FROM THE PROCEDURE IN QUESTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.