MAXIMUS Federal Services

Case Number:	CM13-0038218		
Date Assigned:	06/13/2014	Date of Injury:	06/28/1991
Decision Date:	08/11/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/29/2013

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 Emergency 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 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:

Patient with reported date of injury on 6/28/1991. The mechanism of injury is described a slip and fall with back injury. The patient has a diagnosis of chronic back pain with radiculitis, spinal stenosis and is post L4-5 and L5-S1 posterolateral fusion with rigid segmental internal fixation and allograft(8/6/12).Medical records through 10/23/13 were reviewed. Many of the reports are hand written and barely legible. With the most legible report being a supplement report from 10/11/13. In the report, it states that the patient complains of low back pain radiating to bilateral lower extremities with numbness and tingling sensation. The patient indicates that the medications are "helping". Objective exam reveals tenderness of lumbar spine over paravertebral musculature and lumbar junction with guarding. Straight leg raise is positive and there is decreased sensation to L4 L5 nerve root. The electromyograpy and nerve conduction velocity studies (5/30/13) were within normal limit and MRI (6/3/13) mentions fusion at L4-5 and L5-S1, disc bulge 1.5-2mm L3-4 and lateral recess stenosis, L5-S1 osteophyte complex and foraminal stenosis.The patient has completed physical therapy, has ongoing home exercise and the medications list vicodin, neurontin, ativan, fexmid, prilosec, motrin and lidoderm patch.Utilization review is for vicodin 5/500mg #60, Prilosec 20mg #30, Flexeril 7.5mg #60, Lorazepam 1mg #30, Lidoderm patch #30, Home health 4hours x5days/week for 6weeks and an Orthopedic Mattress.The utilization review performed on 9/24/13 recommended non-certification of the above. It certified Neurontin, consult with Pain Management and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Vicodin is a combination medication containing Hydrocodone, a short acting opioid and Acetaminophen an NSAID. MTUS guidelines have specific criteria for recommendation for opioid use in chronic pain. There must be documentation as to actual improvement in pain with the use of the opioid, appropriate medication use, least reported pain, improvement in pain after taking the opioid and length of relief etc. and the "4 As" (Analgesia, activities of daily living, adverse side effects and aberrant drug behavior). Due to lack of any documentation of a proper pain or ADL assessment for chronic opioid therapy and no documentation concerning assessment for abuse or side effects, the documentation does not meet any criteria required by MTUS for chronic opioids use for chronic pain. Therefore, the request for Vicodin 5/500mg #60 is not medically necessary.

PRILOSEC 2OMG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The patient is on Motrin but there is no documentation of dyspepsia. The patient is not high risk for GI problems. Therefore, the request for Prilosec is not medically necessary.

FLEXERIL 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for short course only due to side effects. The patient has been on Flexeril for at

least 4months. The requested number of tablets is not consistent with short term use. Chronic use of Flexeril is not recommended and is therefore not medically necessary.

LORAZEPAM 1MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. There is no documentation why lorazepam was prescribed but it is likely used for his chronic pain and not for sleep or anxiety. As per MTUS guidelines, benzodiazepines are not recommended due to risk of dependence and risk of tolerance. There is little evidence for its efficacy for pain. There is no documentation to support its use for insomnia, anxiety or other problems. Therefore, the request for Lorazepam is not medically necessary.

LIDODERM PATCH #30: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculitis. Therefore, the request for Lidoderm patches #30 is not medically necessary.

HOME HEALTH 4 HOURS X 5 DAYS X 6 WEEKS: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Home Health may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support the patient being home bound and in need for a home health aid. There is a brief note mentioning that home health is for "homemaker services". These are not services that are provided by the home health aide. Therefore, the request Home Health Service is not medically necessary.

DURABLE MEDICAL EQUIPMENT ORTHOPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Thoracic and Lumbar, Mattress Selection.

Decision rationale: MTUS Chronic Pain and ACOEM Guidelines are silent concerning this topic; therefore, other sources were used. According to ODG, Mattress selection is subjective. The requesting physician has not provided any documentation as to why patient requires any specific mattress. Therefore, the request for the Orthopedic mattress is not medically necessary.