

Case Number:	CM13-0047334		
Date Assigned:	03/03/2014	Date of Injury:	04/21/1997
Decision Date:	05/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/05/2013

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 & 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:

The patient is a 60 year-old female with a 4/21/1997 trip and fall industrial injury claim. She had left and right total knee arthroplasties with a complication of infection on the right knee. She has been diagnosed with lumbar DDD (degenerative disc disease), DJD (degenerative joint disease) and wound infection, right knee. According to the 9/17/13 anesthesiology/pain management report by [REDACTED], the patient presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. The treatment plan was for a lumbar MRI, LESI (lumbar epidural steroid injection), home health care 4h/day; electrodiagnostic study of the right biceps where she had the PIC line; a psychiatric consult; medications including MS Contin, Norco, Flexeril, Celebrex, Cymbalta, Lunestra, Voltaren gel, Lidoderm patches, and Lyrica. On 10/7/13 UR recommended against the pain medications, the LESI, and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE/PROSPECTIVE USAGE OF MS CONTIN 15MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS/INITIATING THERAPY/ON-GOING MANAGEMENT, Page(s): 76-80.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. The employee had bilateral TKAs, with revisions on the right side due to infection. The prior report was dated 8/20/13 and the pain levels were at 8/10. The treating provider first prescribed MS Contin on 9/17/13. The 9/17/13 trial of MS Contin appears to be in accordance with MTUS guidelines, as the employee was having persistent high level pain despite the prior medications for pain.

RETROSPECTIVE/PROSPECTIVE USAGE OF NORCO 10/325MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS/THERAPEUTIC TRIAL OF OPIOIDS Page(s): 76-80.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. The employee had bilateral TKAs, with revisions on the right side due to infection. The prior report was dated 8/20/13 and the pain levels were at 8/10. The treating provider first prescribed MS Contin on 9/17/13. I have been asked to review for Norco. The records show the employee was on Norco on 8/20/13 and the pain levels were 8/10. On 9/17/13 the pain levels remained at 8/10 and the physician added MS Contin. MTUS guidelines under "When to discontinue Opioids" state: "Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule" It appears that the physician is attempting to titrate up and adjust the dosage for pain control for the employee. This is in accordance with MTUS guidelines.

RETROSPECTIVE/PROSPECTIVE USAGE OF FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. I have been asked to review for Flexeril 10mg #90. The records show that Flexeril was first prescribed on 9/17/13. The 9/17/13 report states the dosage was Flexeril 10mg, 1 tablet every 8 hours as needed for spasm. The prescription

for Flexeril #90 would be for a 30-day supply. The MTUS guidelines for Flexeril (cyclobenzaprine) specifically indicate that this medication is not recommended for use longer than 3-weeks. The initial prescription for Flexeril for 30-days will exceed the duration recommended in the MTUS guidelines.

RETROSPECTIVE/PROSPECTIVE USAGE OF LYRICA 50MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI- EPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS) / SPECIFIC ANTI-EPILEPSY DRUGS, Page(s): 16-18, 19-20.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. I have been asked to review for Lyrica 50mg. The employee was taking Lyrica prior to 9/17/13, but the pain levels remained at 8/10. The physician was in the process of adjusting the employee's medication regimen for pain relief. The continued use of Lyrica is still appropriate during this phase of care. The MTUS guidelines indicate that antiepileptic medications such as Lyrica are recommended for neuropathic pain.

RETROSPECTIVE/PROSPECTIVE USAGE OF LIDODERM 5% PATCHES #90:
Overturned

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) and TOPICAL ANALGESICS Page(s): 56-57, 111-113.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. I have been asked to review for Lidoderm patches. The employee has both neuropathic and nociceptive pain. The MTUS guidelines recommend Lidoderm patches for neuropathic pain after trials of AED or TCA or SNRI antidepressants. The records show the employee has tried Lyrica and Cymbalta. The employee meets the MTUS criteria for use of Lidoderm patches.

RETROSPECTIVE/PROSPECTIVE USAGE OF VOLTAREN GEL #5 TUBES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, NSAIDS, LIDOCAINE Page(s): 111-113.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. I have been asked to review for Voltaren Gel. Voltaren gel is a topical NSAID. The MTUS guidelines for topical NSAIDs states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment" and that it is "Recommended for short-term use (4-12 weeks)." The employee is reported to have OA (osteoarthritis) of the knees, and underwent TKA, and some revisions due to the complication of infection. The records show the use of Voltaren gel over 12-weeks since at least 6/19/13. The continued use Voltaren gel over 12 weeks is not in accordance with MTUS guidelines.

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS), Page(s): 46.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. I have been asked to review for a lumbar epidural steroid injection (LESI). The level of the injection was not listed. The 9/17/13 exam findings included positive SLR (straight leg raisint) on the left, and decreased sensation globally over the right lower extremity. The employee did have bilateral TKA, with recent infection on the right knee. The physician deferred evaluation of the right lower extremity. There is no specific level of nerve compression identified on the 9/17/13 evaluation. There were no lumbar MRI reports or electrodiagnostic studies provided for this IMR. There is a 1/22/14 operative report from the treating provider for bilateral transforaminal LESI at L5/S1. According to the 2/25/14 report from another treating provider, the employee presents with 6-7/10 back pain. The 1/9/14 report (prior to the 1/22/14 LESI) from the treating provider lists the pain level at 6/10. There are no clinical exam findings of L5 radiculopathy on current examination, there are no MRI or electrodiagnostic studies to support a LESI, and the prior LESI from 1/22/14 did not change the employee's symptoms, even for 4-weeks. MTUS guidelines indicate that epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " The MTUS guidelines give specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS guidelines also indicate that repeat ESIs are to "be based on continued objective documented pain and functional improvement, including at least 50% pain

relief with associated reduction of medication use for six to eight weeks." The LESI is not in accordance with MTUS guidelines.

HOME HEALTH CARE, 4 HOURS PER DAYS DURATION NOT INDICATED: 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 HOME HEALTH SERVICES Page(s): 51.

Decision rationale: According to the 9/17/13 anesthesiology/pain management report by the treating provider, the employee presents with 8/10 low back pain that radiates down the posterior aspect of both lower extremities; and bilateral knee pain. I have been asked to review for an incomplete prescription for home health care, 4 hours per day. The total duration or number of sessions has not been specified. The employee is just getting over antibiotic therapy for a right knee infection. The employee is reported to be walking with a cane, or walker at home. The physician notes severe pain and swelling in the right knee. The physician has not discussed any medical treatment that the employee requires at home. The physician states the employee needs someone to cook, clean and grocery shop for the employee. The MTUS guidelines state: "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Based on the provided information, it does not appear that the request for an unknown duration of home health care is in accordance with MTUS guidelines.