

Case Number:	CM13-0049404		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2012
Decision Date:	03/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient with [REDACTED] has sustained injuries which have arisen out of and during the course of her employment as a result of a work related specific incident of August 20, 2012. The patient explains that on August 20, 2012, she was holding a combative inmate against a wall when she experienced onset of marked increased pain in her lower back and right leg. She states this was associated with some numbness as well. Per 10/19/13 AME: She states he took her off work on July 25, 2013, and she continues off work to date. She states she has had physical therapy which was of some help. Chiropractic treatment has been authorized, but she has yet to start that treatment. [REDACTED] has also recommended an epidural steroid injection, but the patient states she would like to avoid this if possible as she feels there is a risk of such treatment aggravating other medical problems. Physical exam: R Paralumbar tenderness and spasm. Negative Laseague and SLR BLE. Sensation, muscle motor strength, reflexes were intact. Past Medical history- labile hypertension, ulcerative colitis, history of elevated blood urea nitrogen in past. 12/20/12 Thoracic X-rays: Impression: multilevel degenerative changes of the thoracic spine with end plate sclerosis noted at T10 and T11. 12/20/12-Lumbar X-rays: Impression: multilevel degenerative changes of the lumbar spine with significant degenerative changes at L5-S1. 04-02-13 MRI of the lumbar spine ordered by [REDACTED]. Findings: Mild L convex lumbar scoliosis. Degenerative endplate change noted at anterior aspect of T12 inferior endplate. Disk desiccation, disk space narrowing, posterior disk bulge and facet hypertrophic change present at all levels. No significant stenosis from L1 to L4-5. At L5-S1, the degenerative changes were said to result in bilateral foraminal stenosis, mild to moderate on right and moderate on left. Foraminal stenoses were predominantly due to disk space narrowing, more pronounced at this level than others, and mild facet hypertrophic change. The requesting provider's medical report

dated 8/29/13 stated that the patient complained of pain moderate to severe, low back. Objective: Sensory decreased right lateral calf and foot. ROM - unknown. Diagnosis: Degenerative Disc with right radiculopathy Plan: Physical therapy 2 X 4 lumbar. Flurbiprofen 25% Cream TTD- Temporary Total Disability A physical therapy progress report dated 9/26/13 stated patient received eight treatments from 9/4/13 through 9/26/13 for treatment of lumbar spine. Subjective: Pt reports that she has less frequent numbness and tingling in her bilateral lower extremity, but gets cramping in her feet. She also stated that she has constant low back pain right more than on the left. Assessment- patient appears to have good lumbar stabilization and strength. She has been instructed in a home exercise program, has fulfilled all authorized treatments, and is now being discharged from care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Vicodin 5/500mg every 4 hours as needed, QTY: 60, 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management (opioids) Page(s): 80.

Decision rationale: Vicodin 5/500mg every 4 hrs as needed, QTY: 60, 12 refills is not medically necessary per MTUS guidelines. The request for 12 refills is excessive. The documentation submitted does not have evidence of ongoing review and documentation of The 4 A's for Ongoing Monitoring: "These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)." Furthermore, "Note: According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care." Guidelines also state that opioids for, "Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy."

The request for Lumbar Epidural Steroid Injection at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Epidural steroid injections Page(s): 46.

Decision rationale: Lumbar Epidural Steroid Injection at L4-5 and L5- S1 is not medically necessary per MTUS guidelines. Per documentation, the recent physical exam finding of 10/19/13, the patient has normal strength, sensation and reflexes with no radicular symptoms documented on provocative testing. Per guidelines, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Per PT discharge note dated 9/26/13 the patient's symptoms were improving and she was being discharged with a home exercise program." For these reasons Lumber ESI injections are not medically necessary.

The request for Gabapentin 300mg, quantity 60, twice a day, 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Gabapentin Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; 18-19 Specific Anti-Epilepsy Drugs:.

Decision rationale: Gabapentin 300mg, quantity 60, twice a day, 12 refills is not medically necessary as written. Although the patient has neuropathic pain the quantity of refills is excessive. Patient needs to be monitored more frequently and evaluated as to whether Gabapentin is beneficial. Per MTUS guidelines, "The patient should be asked at each visit as to whether there has been a change in pain or function." Additionally, continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities "

The request for Prilosec 20 mg, twice a day, QTY: 60, 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain -NSAIDs, (GI) Gastrointestinal symptoms, and cardiovascular r.

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

Decision rationale: Prilosec 20mg, twice a day, quantity 60, 12 refills is not medically necessary. Documentation submitted does not indicate that the patient has the clinical indications for Prilosec per MTUS guidelines. Per guidelines proton has no risk factors for GI events including "1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." Furthermore, patient is not on an SSRI. For these reasons Prilosec is not medically necessary.

The request for Flurbiprofen 25% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical analgesics-NSAIDs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Flurbiprofen 25% cream is not medically necessary per MTUS guidelines. Per guidelines, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Additionally, guidelines state, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." There are no clinical indications for topical NSAIDs in this patient from documentation submitted. Furthermore topical analgesics are largely experimental in use. For these reasons Flurbiprofen is not medically necessary.