

Case Number:	CM13-0049469		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2008
Decision Date:	03/13/2014	UR Denial Date:	10/30/2013
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 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 a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 18, 2008. Thus far, the applicant has been treated with analgesic medications, attorney representation, prior multiple lumbar spine surgeries and extensive periods of time off work. In a utilization review report of October 30, 2013, the claims administrator denied a request for home health care, certified a request for Axid and denied a request for Lactulose, Zonegran, Norco, and OxyContin. Non-MTUS ODG guidelines were cited behind several denials. The applicant's attorney subsequently appealed. An earlier note of September 14, 2012 is notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. In October 10, 2013 supplemental report, the attending provider writes that the applicant has persistent low back pain issues, is status post carpal tunnel release surgery, is status post excision of a fifth finger mass, and has 4/5 lower extremity motor strength with pain and guarding noted. Home health care system is sought. The applicant is deemed totally temporarily disabled, it is stated. It is stated that the applicant's pain symptoms would worsen if he had to perform his own self care and household activities. A nursing note of September 24, 2013 is notable for comments that the applicant would benefit from hospital bed or orthopedic mattress and/or benefit from home care to facilitate performance of activities of daily living. An earlier note of August 28, 2013 is notable for comments that the applicant has continued complaints of low back pain. Guarding and tenderness are noted on exam. The applicant is again placed off of work, on total temporary disability, and asked to employ OxyContin, Norco, Zonegran, Axid, Cialis and Lactulose. A tempur-pedic mattress and dermatology consultation are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 2 hours/day x 7 days/ week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, the home health service is being sought the attending provider, including performance of activities of daily living, household chores, cooking, cleaning, etc. are specifically not covered when this is only service being requested. Therefore, the request remains noncertified.

One bottle of Lactulose: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs website

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Section Page(s): 77.

Decision rationale: Lactose is a laxative. As noted in page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, it is advisable to initiate prophylactic treatment of constipation in those applicants who are using opioids. In this case, the applicant is using several opioids, including OxyContin and Norco. Concomitant usage of lactulose, a laxative, is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified.

Zonegran 100ml #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Section Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, Zonegran, an anticonvulsant drug, may be effective for the treatment of neuropathic pain. In this case, however, the applicant has seemingly used this and other analgesic and adjuvant medications chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant is off of work, on total temporary disability, and remains highly reliant on various medical treatments, medications, etc. The applicant remains off of work, on total temporary disability, several years removed from the date

of injury, it is further noted. All of the above, taken together, imply that ongoing usage of Zonegran has been ineffectual as there has been no clear cut evidence of functional improvement. Accordingly, the request is not certified, on Independent Medical Review.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant has failed to return to work. The applicant reports heightened pain as opposed to reduced pain on the most recent office visit. There is no evidence of improved functioning affected as a result of ongoing opioid usage. Accordingly, the request for Norco remains noncertified.

OxyContin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

Decision rationale: Again, the applicant does not meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has failed to achieve appropriate analgesia and/or improved performance of activities of daily living as result of ongoing OxyContin usage. Accordingly, the request is not certified.