

<b>Case Number:</b>	CM13-0054011		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/1998
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 claimant is a 57 year old male with date of injury 9/1/1998. Per progress note dated 6/20/2013, the claimant reported excruciating back pain, rated at 7/10. He is taking Suboxone 2/0.5 mg  $\hat{A}$ ½ tab SL and is inquiring about whether or not his medications can be increased. He reports a lot more right leg pain and is unable to lift his leg up. He reports weight gain which he attributes to decreased activity. His medications include Suboxone, Gabapentin, Vitamin D, Pantoprazole, Olanzapine, Lamotrigine, Escitalopram, Trazodone, Remeron, Aspirin, Atorvastatin, Metoprolol, Nitroglycerin, Clopidogrel, KCl, Lasix, Tamsulosin and Testosterone. On exam his weight is 210 pounds, clear sensorium, and no pedal edema present. The treatment included 45 minutes of Hako Med Electrical Stimulation, no benefit noted following treatment. The diagnoses include failed back syndrome post multiple lumbar surgeries, history of hypovitaminosis D, improved, history of paranoid ideation, resolved, opioid induced hypogonadism under treatment, opioid induced hyperalgesia, atopic dermatitis, resolved, neuritic pain bilateral feet, CAD, myocardial infarction, 9/2005, status post anterior STEMI, status post LAD stenting, 2005, status post angioplasty with 3 stent placement in RCA, 11/30/2009, hypertension, uncontrolled, obesity, depression due to chronic pain, status post detox, diastolic CHF and sleep disturbances, chronic with episodic exacerbations. The plan includes increase Suboxone 2/0.5 mg  $\hat{A}$ ½ tab twice daily, continue Gabapentin 300 mg three times daily, CT myelogram of thoracolumbar spine. The utilization review summarized progress note dated 10/17/2013, reporting that the claimant had ongoing weight gain and swelling in his legs. Maximum systolic blood pressure was 167 on his log, and he had a recommendation for a spinal cord stimulator trial and that reportedly no further surgery was anticipated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Placement in an assisted living facility:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Section Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Skilled Nursing Facility or Skilled Nursing.

**Decision rationale:** Per ODG, skilled nursing facility or skilled care is "Recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services or both on a 24-hour basis. A licensed physician supervises each patient's care, and a nurse or other medical professional is almost always on the premises. This may include an RN doing wound care and changing dressings after a major surgery or administering and monitoring IV antibiotics for severe infection; a physical therapist helping to correct strength and balance problems that have made it difficult for a patient to walk or get on and off the bed, toilet, or furniture; a speech therapist helping a person regain the ability to communicate after a stroke or head injury; an occupational therapist helping a person relearn independent self-care in areas such as dressing, grooming, and eating. "Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. The medical documentation does not describe the claimant as someone that requires skilled treatment that would necessitate assisted living. The request for placement in an assisted living facility is determined to not be medically necessary.

**Trial Flector patch:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** Flector patch is a topical analgesic containing Diclofenac Epolamine as an active ingredient. Per Chronic Pain Medical Treatment Guidelines, topical analgesics are: "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control. There is little to no research

to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Following review of the clinical documents provided, and the guidelines quoted above, the use of Flector Patch may be a useful option for the claimant. The request for trial Flector Patch is determined to be medically necessary.

**Gabapentin to 300mg: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Section Page(s): 16-19.

**Decision rationale:** The treatment of this claimant is complicated by multiple co-morbidities, recent inpatient detoxification with ongoing outpatient detoxification treatment and severe back pain. He has been treated with Gabapentin, and this is an increase in dosing. The use of Gabapentin is supported by these guidelines, and an increase in dosing is an appropriate approach supported by these guidelines. The request for Increase Gabapentin to 300mg a.m., midday, and 600 mg at bedtime is determined to be medically necessary.

**Spinal cord stimulator trial with [REDACTED]: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator (SCS) Section Page(s): 105-106.

**Decision rationale:** The treatment of this claimant is complicated by multiple co-morbidities, recent inpatient detoxification with ongoing outpatient detoxification treatment and severe back pain from failed back surgery syndrome. The use of spinal cord stimulator for this claimant is supported by these guidelines. The request for spinal cord stimulator trial with [REDACTED] is determined to be medically necessary.

**A weight loss program: 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Obesity/Lifestyle Modification section.

**Decision rationale:** Per ODG, lifestyle modification is "Recommended as a first-line intervention. Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized with insulin dosage adjustments to match carbohydrate intake. High glycemic index induce limitations, adequate protein intake, heart healthy diet use, weight management and sufficient physical activity." Weight loss is recommended by these guidelines, but providing a weight loss program for the claimant is not supported by the clinical documentation provided. The claimant has multiple co-morbidities, and has reported that he gained weight from a reduction in activity. There is no discussion of changing activity level, or reinforcement of lifestyle changes without the use of a weight loss program. The request for a weight loss program is determined to not be medically necessary.