

Case Number:	CM13-0065750		
Date Assigned:	01/03/2014	Date of Injury:	09/21/1998
Decision Date:	07/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 67 year old female who reported an injury on 09/21/1998. Mechanism of injury is unknown. The injured worker complained of lower back pain and numbness over both feet. The injured worker rated her pain at a 2/10 on VAS. Physical examination revealed that the injured worker's lumbar spine range of motion was restricted with extension limited to 5 degrees with pain and was unable to measure flexion, due to instability. The injured worker was unable to walk on heels. Lumbar facet loading was negative on both the sides. Straight leg raising test was positive on the left side. Motor examination of the injured worker revealed that motor strength of EHL were 5-/5 on right and 5/5 on the left, ankle dorsi flexor's were 5-/5 on the right and 5/5 on the left, ankle plantar flexor's were 5-/5 on the right and 5/5 on the left, knee extensor's were 5/5 on both sides, knee flexor's were 5/5 on both sides, hip flexor's were 5-/5 on the right and 5/5 on the left. The injured worker has diagnoses of post lumbar laminectomy syndrome and disc disorder of the lumbar. The injured worker has had psychotherapy, limited physical therapy and medication therapy. Medications include Provigil 200mg 1 table at 0800 and 1 tablet at 1200, Hytrin 1mg 1 capsule 2 times a day, Hydromorphone Pf 10mg/ml, Clonidine Pf 1300mcg/ml and Bupivacaine Pf5mg/ml pump, Lidoderm 5% patch apply for 12 hours PRN, Dilaudid 4mg 1 tablet 3 times a day PRN, Aciphex 20mg 1 capsule once a day and Amrix ER 15mg 1 capsule 2 times a day. The treatment plan is for Hytrin 1mg, take 1 twice daily qty 60 refill 5, Dilaudid 4mg take 1 3x daily as needed Qty 90, Aciphex 20mg take 1 daily Qty 30 Refill 5, Amrix ER 15mg take 1 twice daily as needed Qty 60 and Depends Pads Qty 72. The rationale was not submitted for review. The request for authorization form was submitted on 11/20/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

HYTRIN 1MG, TAKE 1 TWICE DAILY QTY 60 REFILL 5,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList (Hytrin).

Decision rationale: The request for Hytrin 1mg, take 1 twice daily Qty 60 refill 5 is non-certified. The injured worker complained of lower back pain and numbness over both feet. The MTUS does not address this request; as such reference on Hytrin was obtained on RxList.com. RxList identifies Hytrin as a high blood pressure medication (hypertension). Side effects are mild dizziness, weakness, drowsiness and blurred vision. Hytrin relaxes your veins and arteries so that blood can more easily pass through them. It also relaxes the muscles in the prostate and bladder neck, making it easier to urinate. The reports submitted for review had no rationalization as to how Hytrin would benefit the injured worker with her lower back pain and numbness in her feet. It was also noted that the injured worker had been suffering from urinary incontinence due to the use of Soma. Hytrin also relaxes the bladder muscles and would not medically benefit the injured worker. Given the above, the request for Hytrin is not medically necessary and appropriate.

DILAUDID 4MG TAKE 1 3X DAILY AS NEEDED QTY 90,: 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 Opioids (On-Going Management) Page(s): 78 & 93.

Decision rationale: The request for Dilaudid 4mg take 1 3x daily as needed qty 90 is non-certified. The injured worker complained of lower back pain and numbness over both feet. The injured worker rated her pain at a 2/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guideline criteria state that the lowest possible dose should be prescribed to improve pain and function, there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts and the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning should be documented. MTUS also require the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Dilaudid can cause respiratory depression and apnea. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. There was a lack of documentation showing the effects the Dilaudid had on the injured worker; whether the medication helped with any functional deficits the injured worker might have had.

The report also lacked any evidence of what the injured worker's pain level was before, during and after the Diluadid. Furthermore, there were no urinalysis showing that the injured worker was in compliance with MTUS. As such, the request for Dilaudid 4mg take 1 3x daily as needed qty 90 is not medically necessary and appropriate.

ACIPHEX 20MG TAKE 1 DAILY QTY 30 REFILL 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList (Aciphex).

Decision rationale: The request for Aciphex 20mg take 1 daily qty 30 refill 5 is non-certified. The injured worker complained of lower back pain and numbness over both feet. The MTUS does not address this request; as such reference on Aciphex was obtained on RxList.com. RxList identifies that Aciphex is used for heartburn and Ulcerative Gastro Esophageal Reflux (GERD). The reports submitted did not indicate that the injured worker had any of the above due to her work related injury. The report also lacked any information as to how Aciphex would contribute to any functional deficits the injured worker may have. As such, the request is not medically necessary and appropriate.

AMRIX ER 15MG TAKE 1 TWICE DAILY AS NEEDED QTY 60: 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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The request for Amrix ER 15mg take 1 twice daily as needed qty 60 is non-certified. The injured worker complained of lower back pain and numbness over both feet. The injured worker rated her pain at a 2/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Amrix is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Given the above guidelines, the request for Amrix is not medically necessary. The report lacked any evidence as to how long the injured worker has been taking Amrix. Guidelines stipulate that its use be short-term. Furthermore, there was no evidence of failure to any NSAIDs or Tricyclic antidepressants as first-line option therapy. As such, the request is not medically necessary and appropriate.

DEPENDS PADS QTY 72: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedlinePlus; and Depends.com.

Decision rationale: The request for Depends Pads Qty 72 is non-certified. The injured worker complained of lower back pain and numbness over both feet. The injured worker rated her pain at a 2/10 on VAS. As the MTUS do not address this request, information on depends for women was obtained on MedlinePlus, urinary incontinence products. MedlinePlus states that Depends are for urinary incontinence. They also state that if concerned with cost, odor control, comfort, and how easy the product is to use, you can always try another product if the one you are using is uncomfortable or does not keep you dry enough. They also recommend drinking less fluid throughout the day to cut down on leakage. Your doctor may also recommend using the bathroom at regular, set times to help avoid accidents. Keeping a journal about when you have leakage problems can help your doctor treat you. The report submitted lacked evidence as to how the injured worker's urinary incontinence was related to the injured worker's work related injury. As such, the request is not medically necessary and appropriate.