

Case Number:	CM13-0066315		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2009
Decision Date:	07/14/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Family 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 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 patient is a [REDACTED] employee who has filed a claim for lumbago, lumbosacral neuritis, and post-laminectomy syndrome associated with an industry injury of February 21, 2009. Thus far, the patient has been treated with opioids, muscle relaxants, Lyrica, physical therapy, pool therapy, home exercise program, heat, Trazodone, Paxil, and psychological therapy. The patient had lumbar ESIs, in May 2013 with more than 50% improvement, and is also post L2-S1 fusion on January 04, 2011 with reoperation on March 29, 2011 and March 01, 2012, and experiences post laminectomy syndrome. There has been several mentions of the patient's interest in reducing medications but no documentation of an opioid taper; patient has been taking at least four 8mg of Dilaudid per day with four 10mg Norco tabs and is considered opioid dependent. The patient is not a candidate for further back surgery. In a Utilization Review report of December 09, 2013, the claims administrator denied a request for psychological evaluation for SCS surgical clearance as indications for SCS placement has not been met; Norco and Dilaudid as there is no documented support for chronic opiate therapy or an opioid taper consistent with desire to decrease medications; Lidoderm as a trial has previously been authorized and there is no documentation of improvement at the end; Prilosec as there is no documentation of a GI condition to warrant this medication; back brace as patient does not have fracture, instability, or recent fusion; Senna as there is no documentation of opiate-induced constipation; and Trazodone as there is no documentation of a successful trial. Review of progress notes shows that patient experiences constant low back pain radiating to both lower extremities limiting ability to perform ADLs. There is tenderness of the lumbosacral muscles and sacroiliac joints with decreased sensation on the right L5-S1 distribution, with negative nerve irritation signs. The patient has been diagnosed with moderate major depressive disorder and panic disorder with agoraphobia on January 2013 and has been on psychotherapy and

medications. The patient notes that depression and the difficulty coping with condition is worsening, and the frequency of panic attacks is increasing. The lumbar CT scan performed on November 18, 2013 showed stable post-operative changes and prominent spurring at L3-4 with potential impingement of L3 root. Electrodiagnostic testing dated June 20, 2012 showed chronic denervation changes in the lumbar spinal musculature and chronic bilateral L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PSYCHOLOGICAL EVALUATION FOR SPINAL CORD STIMULATOR SURGICAL CLEARANCE: 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 Page(s): 101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended prior to SCS trials. In this case, there is a request of SCS trial for increased lower extremity radiculopathy. Review of progress notes does not document worsening radiculopathy. Therefore, the request for psychological evaluation for SCS clearance is not medically necessary.

LIDODERM 5% PATCH #60 WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. There has been documentation of use of Lidoderm since October 2012 without mention of improvement or benefit derived from it. Therefore, the request for Lidoderm 5% patch was not medically necessary at this time.

TRAZODONE 50MG #30: 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There was authorization for a 1-month trial on October 10, 2013 with no documentation of improvement or benefit derived. In addition, there is no mention of insomnia in the recent progress notes. Therefore, the request for Trazodone 50mg #30 is not medically necessary.

SENNA 8.6MG #120: 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: FDA (Senna).

Decision rationale: The FDA states that Senna is indicated for short-term treatment of constipation and preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. The patient has been on Senna since November 2012 but there is no documentation regarding constipation being experienced as a side effect of opioid medications. In addition, this medication is not indicated for long-term use. Therefore, the request for Senna 8.6mg #120 is not medically necessary.

OMEPRAZOLE 20MG #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 Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support proton pump inhibitors (PPI) in the treatment of patients with GI disorders or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient has been on Omeprazole since November 2012, however, there is no documentation regarding any gastrointestinal disorders or side effects from medication use. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

NORCO 10/325MG #120: 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 Page(s): 79-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had been on Norco since June 2012, which was noted to be discontinued in July 2013. The documentation mentions patient's desire to decrease medications. However, latest report states that patient continues to take four 8mg Dilaudid and four 10mg Norco per day and there is concern that patient is opioid dependent. In addition, there is no documentation of urine drug screening for proper medication use or renewal of pain contract. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

DILAUDID 8MG #160: 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 Page(s): 79-81.

Decision rationale: Dilaudid is Hydromorphone hydrochloride. The Chronic Pain Medical Treatment Guidelines state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on Dilaudid since March 2012, and recent reports state that patient continues to take four 8mg Dilaudid with four 10mg Norco per day. There is concern that patient is opioid dependent. In addition, there is no documentation of urine drug screening for proper medication use or renewal of pain contract. Therefore, the request for Dilaudid 8mg #160 is not medically necessary.

A LUMBAR-SACRAL ORTHOTIC CORSET: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports.

Decision rationale: ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. In this case, the patient has been using an LSO-corset and it has become worn, noted to prevent back pain and to help with flare-ups. There is no documentation of low back instability. There is no indication for use of lumbar supports for prevention, and only very low-quality evidence for conservative management of low back pain. Therefore, the request for LSO corset is not medically necessary.

