MAXIMUS Federal Services

Case Number:	CM14-0018399		
Date Assigned:	04/18/2014	Date of Injury:	10/18/2002
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; earlier right shoulder surgery; an intrathecal pain pump; and earlier lumbar fusion surgery. In a Utilization Review Report dated January 31, 2014, the claims administrator approved an MRI of the shoulder, approved a followup visit with a spine surgeon, denied an MR arthrogram of the lumbar spine, denied a request for hydrocodone, denied Dulcolax, and denied multiple topical compounds. The claims administrator denied the lumbar MR arthrogram on the grounds that no rationale for lumbar MR arthrography has been provided as compared to standard non-contrast lumbar MRI imaging. The applicant's attorney subsequently appealed. In a progress note dated February 25, 2014, the applicant was described as reporting persistent low back pain. The applicant was apparently receiving monthly refills of an intrathecal pain pump. The applicant was using Talwin, an opioid agent, in conjunction with MiraLax, a laxative, it was stated. The intrathecal pain pump was refilled and re-programmed. The applicant's work status was not detailed on this occasion. In a progress note dated April 2, 2014, the applicant's primary treating provider posited that the applicant had persistent complaints of low back pain. The attending provider stated that the applicant still needed a lumbar MRI with contrast because the applicant was a candidate for further surgical intervention. The applicant was still having chronic complaints of low back pain. It was stated that the applicant was recently seen in the emergency department. The applicant exhibited limited lumbar range of motion and was using a cane to ambulate. The applicant had hyposensorium about the bilateral lower extremities, it was suggested with guarded range of motion. An MR

arthrogram (AKA lumbar MRI with contrast) was endorsed, along with an MR arthrogram of the shoulder. It does not appear that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM FOR THE LUMBAR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 12, 303

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-4, MR imaging with gadolinium contrast posit for scarring is the diagnostic test needed to definitively establish a diagnosis of post laminectomy syndrome, one of the issues reportedly present here. It is further noted that the MTUS Guideline in ACOEM Chapter 12, Table 12-8 states that MR imaging is the test of choice for applicants who have had prior back surgery. In this case, the applicant has had prior spine surgery. The applicant has progressively worsening lower extremity complaints and lower extremity weakness, the attending provider has posited. The applicant is reportedly a candidate for further spine surgery. MR arthrography (AKA lumbar MRI imaging with gadolinium contrast) is therefore medically necessary here.

HYDROCODONE 5/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, Opioids topic. Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant needs to use Norco, an opioid agonist, in conjunction with Talwin, a mixed opioid agonist-antagonist. It is further noted that the applicant does not seemingly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has not returned to work. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living effected as a result of ongoing hydrocodone usage. The applicant is still using a cane to move about. The applicant's ability to perform even basic activities of daily living such as standing, walking, and bending appears to be diminished despite ongoing opioid consumption. Therefore, the request is not medically necessary, for all of the stated reasons.

DULCOLAX: Overturned

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 MTUS Chronic Pain Medical Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants who are using opioids chronically. In this case, the applicant is using two separate opioids, hydrocodone and Talwin. Provision of Dulcolax, a laxative, is indicated to prophylactically combat opioid-induced constipation, as suggested on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

FLURBIPROFEN 25% , MENTHOL 10%, CAMPHOR 3%, CAPSAICIN 0.0375% 30GM TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen-containing topical compound here, which are deemed, as a class "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

FLURBIPROFEN 25% , MENTHOL 10%, CAMPHOR 3%, CAPSAICIN 0.0375% 120GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of

intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen-containing topical compound here, which are deemed, as a class "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary