MAXIMUS Federal Services

Case Number:	CM14-0019776		
Date Assigned:	04/23/2014	Date of Injury:	08/28/2002
Decision Date:	08/29/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine & 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 61-year-old male who reported an injury on 08/28/2002 secondary to a fall. The clinical note dated 02/01/2014 reported the injured worker complained of pain in his lower back and bilateral lower extremity leg and foot rated at a 5/10 with episodes of numbness, tingling and weakness. He reportedly stated he had difficulties with all activities of daily living and prolonged standing, walking, and sitting. The injured worker's medical conditions included arthritis, ulcers, hypertension, COPD, asthma, sleep apnea, congestive heart failure, hernia and elevated cholesterol. He was also noted to deny diabetes mellitus, liver problems, gout, and hepatitis C. The physical examination revealed a positive straight leg raise, bilaterally at 65 degrees. The lumbar range of motion showed flexion at 20 degrees, extension at 5 degrees, left lateral bending is 15 degrees, right lateral bending at 10 degrees, left rotation at 15 degrees and right rotation at 15 degrees. The dorsiflexion was 5/5, plantar flexion was 5/5 and hip abduction 5/5 bilaterally. The diagnoses included chronic and recurrent lumbosacral strain and L5-S1 herniated disc. The treatment plan included recommendations for x-rays of the lumbar spine, physiotherapy, acupuncture, urine drug screen, initial lab studies and medications. The clinicalnote referred to an MRI dated 04/16/2004, which revealed multilevel mild degenerative disc disease with a focal herniation at L4-5 but not marked central canal stenosis. Previous treatments were noted to include physical therapy, medications and epidural steroid injections. The injured worker was treated with an epidural steroid injection at L4-5 in 07/2005 with no significant improvement. Medication regimen included Ibuprofen, Lyrica, Venlafexine, Hydrocodone, Metformin, Loratadine, Furosimide, Montelukast, Lisinopril, Atenolol, Simvastatin, and Omeprazole. The request for authorization was submitted on 02/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDS Page(s): 70, 112.

Decision rationale: The injured worker has a history of low back pain radiating to his buttocks, hips and legs with treatment to include medications and epidural steroid injections. The MTUS Guidelines state Diclofenac, which is an ingredient of the Flector patch, is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as, the ankle, elbow, foot, hand, knee, and wrist and Diclofenac has not been evaluated for treatment of the spine, hip or shoulder. In addition, all NSAIDs have risk of adverse cardiovascular events, including worsening of pre-existing hypertension. The clinical information, provided for review, does not provide imaging to support osteoarthritis and this medication is not indicated for use in the lower back. In addition, the clinical documentation states the injured worker has a history of hypertension. As the documentation failed to show a clear indication for use of a topical NSAID and as the injured worker has a history of hypertension, which may be worsened with use of NSAIDs, the request for Flector Patch 1.3% #30 with 4 refills is not medically necessary and appropriate.

Lyrica 50 mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs); Lyrica (R) (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker has a history of low back pain radiating to his buttocks, hips and legs with treatment to include medications and epidural steroid injections. The MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and is considered first-line treatment for both. The clinical information, provided for review, stated the injured worker has evidence of neuropathic pain to include radiating pain, numbness and tingling; however, there is no clear evidence to state positive outcome with this medication. Therefore, the request for Lyrica 50mg #60 with 4 refills is not medically necessary and appropriate.

12 physiotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. While the clinical information provided states the injured worker had difficulties with all activities of daily living, there was lack of documentation to provide clear evidence of current functional deficits. Further, the injured worker was noted to have previously completed an unspecified number of physical therapy visits; however, no evidence of measurable objective functional improvement with this treatment was not provided. In addition, the request for 12 sessions of physiotherapy exceeds the guideline recommendation of 9-10 visits over 8 weeks. Therefore, the request for 12 Physiotherapy Sessions is not medically necessary and appropriate.

12 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, when used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend a time to produce functional improvement of three to six treatments. The clinical information, provided for review, lacks documentation stating the injured worker is intolerant of the medications prescribed or his medications have been decreased. In addition, the request for 12 sessions of acupuncture exceeds the guideline recommendation of three to six treatments to produce functional improvement. Therefore, the request for 12 sessions of acupuncture is not medically necessary and appropriate.

1 Lab: Arthritis Panel: 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 NSAIDS, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: The MTUS recommends periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. The treatment plan within the 02/01/2014 clinical note included a recommendation for initial labs to include a basic metabolic panel, Chem-8, hepatic functional panel, creatinine phosphokinase, C-reactive protein, arthritis panel, and complete blood count in order to safely assess the injured workers intake of medication. The medical records provided for review indicate that the injured worker is utilizing ibuprofen. In addition, he was shown to have a

significant history of hypertension and his current medication list included several hypertension medications. However, the guidelines do not support an arthritis panel to assess the safety of medications. Further, the specific lab tests included within the requested panel were not provided. Therefore, the request for 1 Lab: Arthritis Panel is not medically necessary and appropriate.

1 Lab: Basic Metabolic Panel (CHEM 8): 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 NSAIDS, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: The MTUS recommends periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. The treatment plan within the 02/01/2014 clinical note included a recommendation for initial labs to include a basic metabolic panel, Chem-8, hepatic functional panel, creatinine phosphokinase, C-reactive protein, arthritis panel, and complete blood count in order to safely assess the injured workers intake of medication. The medical records provided for review indicate that the injured worker is utilizing ibuprofen. In addition, he was shown to have a significant history of hypertension and his current medication list included several hypertension medications. Therefore, an initial basic metabolic panel is a reasonable request to determine how the injured worker is tolerating the use of his current medications, including NSAIDs, according to the evidence-based guidelines. Therefore, the request for one Lab: Basic Metabolic Panel (Chem 8) is medically necessary and appropriate.

1 lab: hepatic function panel: 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 NSAIDS, Specific Drug List & Adverse Effects.

Decision rationale: The Expert Reviewer's decision rationale:

Lab: Creatine Phosphoknase (CPK): 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 NSAIDS, Specific Drug List & Adverse Effects.

Decision rationale: The MTUS recommends periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. The treatment plan within the 02/01/2014 clinical note included a recommendation for initial labs to include a basic metabolic panel, Chem-8, hepatic functional panel, creatinine phosphokinase, C-reactive protein, arthritis panel, and complete blood count in order to safely assess the injured workers intake of medication. The medical records, provided for review, indicate that the injured worker is utilizing ibuprofen. In addition, he was shown to have a significant history of hypertension and his current medication list included several hypertension medications. Therefore, a CBC and chemistry profiles are appropriate to determine how the injured worker is tolerating the use of his current medications, including NSAIDs, according to the evidence-based guidelines. However, as a Creatine Phosphoknase (CPK) is not listed by the guidelines as a part of the recommended routine monitoring with use of NSAIDs, further details regarding the need for this test are needed. Therefore, the request for Creatine Phosphoknase (CPK) is not medically necessary and appropriate.

Lab: C-Reactive Protein (CRP): 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 NSAIDS, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: The MTUS recommends periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. The treatment plan within the 02/01/2014 clinical note included a recommendation for initial labs to include a basic metabolic panel, Chem-8, hepatic functional panel, creatinine phosphokinase, C-reactive protein, arthritis panel, and complete blood count in order to safely assess the injured workers intake of medication. The medical records, provided for review, indicate that the injured worker is utilizing ibuprofen. In addition, he was shown to have a significant history of hypertension and his current medication list included several hypertension medications. Therefore, a CBC and chemistry profiles are appropriate to determine how the injured worker is tolerating the use of his current medications, including NSAIDs, according to the evidence-based guidelines. However, as a C-Reactive Protein is not listed by the guidelines as a part of the recommended routine monitoring with use of NSAIDs, further details regarding the need for this test are needed. Therefore, the request for C-Reactive Protein (CRP) is not medically necessary and appropriate.

1 Lab: Complete Blood Count (CBC): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: The MTUS recommends periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests for injured workers treated with NSAIDs on a long term basis. The treatment plan within the 02/01/2014 clinical note included a recommendation for initial labs to include a basic metabolic panel, Chem-8, hepatic functional panel, creatinine phosphokinase, C-reactive protein, arthritis panel, and complete blood count in order to safely assess the injured workers intake of medication. The medical records, provided for review, indicate that the injured worker is utilizing ibuprofen. In addition, he was shown to have a significant history of hypertension and his current medication list included several hypertension medications. Therefore, a Complete Blood Count (CBC) is a reasonable request to determine how the injured worker is tolerating the use of his current medications, including NSAIDs, according to the evidence-based guidelines. Therefore, the request for Complete Blood Count (CBC) is medically necessary and appropriate.

1 X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS/ACOEM Guidelines state lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. The clinical information, provided for review, showed evidence the injured worker has radiating lower back pain with numbness, tingling and weakness; however, there is no clear evidence there are any red flags or clinical findings suggestive of serious spinal pathology. Therefore, the request for one X-Ray of the lumbar spine is not medically necessary and appropriate.