MAXIMUS Federal Services

Case Number:	CM14-0116638		
Date Assigned:	08/04/2014	Date of Injury:	01/27/2011
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 California and Washington. 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 53-year-old female who reported an injury due to heavy lifting on 01/27/2011. On 06/09/2014, she reported that her low back pain, which she rated at 4/10, continued to improve postsurgery. She had an L5-S1 spinal fusion on 08/22/2013. She received a transforaminal epidural steroid injection at bilateral L4-5 on 04/10/2013 with 80% relief that last from 4 to 5 months. She was participating in a home exercise program. Her diagnoses included posterior spinal fusion with transforaminal lumbar interbody fusion at L5-S1 on 08/22/2013. Her medications included orphenadrine 100 mg, hydrocodone/APAP 5/325 mg, and Lidopro topical ointment. She was receiving acupuncture 2 times a week for 4 weeks. The Request for Authorization dated 06/09/2014 was included in this worker's chart. There was no rationale included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncure x8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture times 8, is medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. On 06/09/2014 it was noted that this worker was participating in acupuncture, but the number of sessions, the modalities used or the results of the acupuncture were not documented. Her surgery was 1 year ago, and that exceeds the time frame allotted in the guidelines for the optimum duration of 1 to 3 months. Additionally, there was no body part specified in the request, nor a time frame for the acupuncture treatments. Therefore, this request for acupuncture times 8, is not medically necessary.

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95..

Decision rationale: The request for Norco 5/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious, but limited to short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations including psychosocial assessment; side effects; failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants; quantified efficacy; drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 5/325 mg #90 is not medically necessary.

Lidopro Topical Ointment QTY:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): 111-113..

Decision rationale: The request for Lidopro topical ointment quantity 1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is recommended only as an option for patients who have not responded to or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of the 0.0325% formulation of capsaicin, and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Lidopro contains capsaicin at 0.0325%. Lidocaine is recommended for localized peripheral pain, but the only FDA topical application of lidocaine is in the 5% dermal patch. Lidopro contains lidocaine at 4.5%. The formulation of Lidopro does not meet the evidence based guidelines for topical analgesics. Additionally, there was no body part specified in the request, nor any frequency of application. Therefore, this request for Lidopro topical ointment quantity 1 is not medically necessary.

Orphenadrine Citrate 100mg QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, pages 63-66 Page(s): pages 63-66.

Decision rationale: The request for orphenadrine citrate 100 mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. These side effects include drowsiness, urinary retention and dry mouth. Side effects may limit use in the elderly. It is unclear from the documentation how long this worker has been taking orphenadrine. There was no documentation of significant functional or vocational benefit with the use of orphenadrine. Additionally, there was no frequency of administration included in the request. Therefore, this request for orphenadrine citrate 100 mg quantity 60 is not medically necessary.