

Case Number:	CM14-0128691		
Date Assigned:	08/18/2014	Date of Injury:	10/12/1999
Decision Date:	09/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 licensed in Chiropractic and Acupuncture 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:

This is a male patient with a date of injury of October 12, 1999. A utilization review determination dated July 28, 2014 recommends non-certification of Norco 5/325 #30 with 2 refills, Celebrex 200 mg #30 with 2 refills, Lidoderm topical patches to be applied every 12 hours for acute exacerbation #30 with 2 refills, and physical therapy three times a week for four weeks for the lumbar spine to include lower extremity strengthening. A progress note dated June 12, 2014 identifies subjective complaints of low back pain with leg weakness, the patient reports that he can walk approximately 200 yards before he has to stop due to leg weakness, the patient indicates that he has to get up several times in the middle of the night to urinate, and the patient indicates that when he has sensation to pass flatulence he passes stool. Physical examination identifies tenderness of the lower lumbar paravertebral musculature, forward flexion of the lumbar spine is to 40, extension of the lumbar spine is to 10, lateral bending of the lumbar spine is to 30, lower extremity strength is globally intact, and there are absent lower extremity deep tendon reflexes. Diagnoses include multilevel severe spinal stenosis and probable neurogenic claudication. The treatment plan recommends physical therapy of the lumbar spine to include lower extremity strengthening three times a week for four weeks, a prescription refill of Norco 5/325 #30 with 2 refills, a prescription refill for Celebrex 200 mg #30 with 2 refills, and prescription refill for Lidoderm patches to be applied every 12 hours for acute exacerbations #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco 5/325 #30 with 2 refills, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco 5/325 #30 with 2 refills is not medically necessary.

Celebrex 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 67-72 of 127.

Decision rationale: Regarding the request for Celebrex 200mg #30 with 2 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex 200mg #30 with 2 refills is not medically necessary.

Lidoderm topical patches to be applied every 12 for acute exacerbations #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112-OF127.

Decision rationale: Regarding request for topical Lidoderm topical patches to be applied every 12 hours for acute exacerbation #30 with 2 refills, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm topical patches to be applied every 12 hours for acute exacerbation #30 with 2 refills is not medically necessary.

Physical therapy 3 times week for 4 weeks to the lumbar spine to include lower extremity strengthening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (07/03/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 98 of 127.

Decision rationale: Regarding the request for physical therapy 3 times a week for 4 weeks for the lumbar spine to include lower extremity strengthening, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication that the patient is experiencing a flare-up of his chronic pain. There is no documentation stating the number of physical therapy sessions the patient has tried in the past. The current number of visits being requested exceeds the maximum visits recommended by guidelines for the patient's diagnoses. Furthermore, the guidelines recommend a trial of therapy first, starting with half of the total number of therapy sessions recommended. As such, the current request for additional physical therapy 3 times a week for 4 weeks for the lumbar spine to include lower extremity strengthening is not medically necessary.