

Case Number:	CM14-0033082		
Date Assigned:	07/07/2014	Date of Injury:	08/17/2004
Decision Date:	09/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/15/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 48-year-old male with a date of injury of 08/17/2004. Per treating physician's report 04/23/2014, the patient presents with constant low back pain at 6/10 with radiation into bilateral lower extremities, numbness and tingling. The patient also reports symptoms of anxiety, depression, stress, and insomnia. The patient has irregular bowel movements. Quality of life is limited due to pain. Current list of medications provide 60% symptomatic relief but has run out of medications one week early. List of diagnoses are: 1. Status post fusion at L4-L5, L5-S1. 2. Transitional syndrome at L3-L4 with disk protrusion and central stenosis. 3. Facet hypertrophies at L3-L4. 4. Disk protrusion at L5-S1 with bilateral L5 nerve impingement maneuvers. 5. Chronic neuropathic bilateral lower extremity pain. 6. Intra-abdominal pain rule out hernia. 7. Chronic pain syndrome on long term opiate pain killers. 8. Erectile dysfunction. 9. Status post hardware blocks with 50% relief. 10. Right shoulder bursitis with rotator cuff tendonitis. 11. Right sacroiliitis. 12. Acute flare-up of back pain and leg pain. 13. Insomnia due to pain. 14. Flare-ups of neck and right shoulder pain. 15. Trigger points in the right interscapular region and other areas. 16. Depression due to industrial injury. 17. GI reflux disease secondary to medications. 18. Gastritis and severe abdominal pain due to medications. Under treatment and plan the report in the case, the patient was seen by urologist pending urinalysis and lab work up, and in the meantime, patient is given the following list of medications: Flurbiprofen, Ketoprofen, Gabapentin combination topical. Lidoderm 5% is also provided. Prilosec 20 mg, Norco #75, Robaxin, Levitra are all prescribed. A 05/28/2014 report is also reviewed with patient presenting with low back pain 6/10 radiation bilateral lower extremities, irregular bowel movements, quality of life limited to poor due to pain. Current medication: Norco, Robaxin, Omeprazole, Lidoderm patches, which provides 60% relief and increased activities of daily living. Cialis helps with erectile dysfunction. Patient tried to work for 2 weeks but has increased pain and stiffness,

currently doing home exercise program. Urine drug screen from 02/19/2014 was consistent with medication regimen, but did have positive marijuana which is inconsistent with medication regimen. Treatment and plan was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Internist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page 127.

Decision rationale: This patient presents with chronic low back and multiple list of diagnoses as listed on summary. Patient has had lumbar fusion. The current request is for consultation with internist. This request was denied by utilization review letter from 02/13/2014. Unfortunately, the report containing this particular request is missing from the provided reports. However, the utilization reviewer states that the consultation with the internist was requested to address rule out kidney stone and pneumonia. The request was denied with the recommendations that the patient should have this go through primary care physician. ACOEM Guidelines page 127 do recommend specialty referrals to address complex problems. In this case, there are documentations regarding issues that the current treating physician feels uncomfortable managing, namely kidney stones, and possible pneumonia. It would be medically appropriate to allow internal medicine consultation for an evaluation. Utilization review addresses medical issues and not causation or compensability administrative issues. Recommendation is medically necessary.

X-rays of left lower ribs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, ACR Appropriateness Criteria, Clinical Condition: Rib Fractures.

Decision rationale: The current request is for x-rays of the left lower ribs. Unfortunately, the progress report containing the request was not provided for this review. The indications considered by the treating physician are not available. The most relevant guideline cannot therefore be selected. A sample guideline is cited above, with specific indications for evaluating rib fractures depending on the clinical scenario. The Utilization Review letter from 02/13/2014 states that there was no history of blunt trauma to the left lower ribs or any reason currently to expect any bony lesions. Without an appropriate discussion regarding the request, the request for

x-rays of left lower ribs cannot be considered further. Review of the reports from 04/23/2014 and 05/28/2014 does not address any ribcage problems. The x-ray study is therefore not medically necessary.

X-rays of lungs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with chronic pain syndrome involving multiple body parts. The current request is for x-rays of the lungs. However, the progress report discussing this request was not included in this file. Review of the available reports from 04/23/2014 and forward does not discuss any lung problems such as shortness of breath, cough, or chest pain. MTUS Guidelines page 8 requires that the treating physician monitor the patient's progress to make appropriate recommendations. In this case, no progress reports are provided that discuss medical necessity for x-rays of the lungs. Recommendation is for denial.

Prescription of Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60,61, 88, 89.

Decision rationale: This patient presents with chronic low back pain with a history of lumbar fusion at L4-L5, L5-S1. The request is for Norco for the patient's chronic pain condition. Review of the reports shows that there is documentation of 60% symptomatic relief with multiple medications, but states "the quality of life is limited secondary to pain." Patient also ran out of medications early 1 week per 04/23/2014 report. Urine drug screen was obtained which showed positive for marijuana, but consistent for other results. MTUS Guidelines page 78 specifically require documentation of 4 As (analgesia, ADLs, adverse effects, and aberrant drug-seeking behavior), for chronic opiate use. In this case, the treating physician provides analgesia stating that there is 60% symptomatic relief, but the quality of life or activities of daily living effect is not documented. The patient's quality of life is still limited secondary to pain, and there is no report as to what the medications are doing to improve this. There are no specifics regarding patient's activities of daily living. Furthermore, pain assessment measures such as current level of pain, average pain level, least amount of pain, duration of the pain relief, or reduction from use of medication are not documented. Given the lack of sufficient documentation regarding chronic opiate use and its positive effect and significant changes in activities of daily living and quality of life, recommendation is for denial.

Prescription of Robaxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants (for pain) Page(s): 64, 63.

Decision rationale: This patient suffers from chronic back pain with history of multilevel lumbar fusion. The request is for Robaxin. Review of the reports shows that this medication is prescribed on a chronic basis. MTUS Guidelines do not support use of muscle relaxants on a long-term basis. Only a short-term use such as 2 to 3 days for flareups and no more than 2 to 3 weeks of use is recommended. Given that this medication is prescribed on a long-term basis, recommendation is for denial.

Prescription of Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic low back pain with history of multilevel lumbar fusion. The request is for Prilosec. MTUS Guidelines allow use of Prilosec or PPI for prophylactic use to prevent gastric side effects on chronic use of NSAIDs if appropriate GI assessment is provided. In this patient, the patient is not prescribed any NSAIDs. There are no reports of stomach issues such as reflux, gastritis, peptic ulcer disease. Patient is reported to have irregular bowel movements only. Given that the patient does not have any stomach problems and is not taking any oral NSAIDs, there does not appear to be a reason for use of Prilosec. The treating physician does not provide GI assessment either. Recommendation is for denial.

Prescription of Menthol Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 61, 111.

Decision rationale: This patient presents with chronic low back pain and multiple pains of other areas as well. The current request is for menthol gel which is a cold inducing gel. Although, MTUS Guidelines does allow compounds that contain menthol gel, MTUS Guidelines page 60 requires specific documentation of pain and function when medication is used for chronic pain. In this case, the treating physician does not provide any discussion as to how this gel is used for

which body part and with what effect. Pain and function must be related specifically to the medication or topical agent that is use for this patient. Given the lack of such documentation, recommendation is for denial.

Prescription of Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Medications for chronic pain Page(s): 56, 57, 112, 60, 61.

Decision rationale: This patient presents with chronic low back pain with history of multilevel lumbar fusion. The treating physician is prescribing Lidoderm 5% patches but does not explain how this topical patch is used and for what specific condition. MTUS Guidelines do support Lidoderm patches for neuropathic pain that is peripheral and localized. This patient does not present with any peripheral and localized pain that is neuropathic. Furthermore, MTUS Guidelines page 60 require documentation of pain and function specific to the medications used for chronic pain. There are no specific discussions in any of the progress reports provided as to where this Lidoderm patch is used and with what effect. Recommendation is for denial.

Prescription of Flurbiprofen Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 61, 111.

Decision rationale: The current request is for Flurbiprofen topical gel which contains NSAID. For topical NSAID, MTUS Guidelines support it for peripheral arthritis and tendinitis problems only. In this case, the patient presents with multiple lists of chronic pain conditions, but there is no documentation of peripheral joint arthritis or tendinitis such as elbow, wrist, knee, ankle joint problems. Furthermore, the treating physician does not provide documentation as to where specifically this gel is used and with what benefit. MTUS Guidelines page 60 require documentation of the pain and function when medication is used for chronic pain. Recommendation is for denial.

Prescription of Keto/Keta gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56, 113.

Decision rationale: This patient presents with chronic pain, and the treating physician has asked for the use of Ketoprofen/ketamine cream. MTUS Guidelines states under ketamine that it is under study and it should only be used for treatment of neuropathic pain that is refractory in which all primary and secondary treatments has been exhausted. MTUS goes on to state that topical ketamine shows encouraging results with CRPS type 1 and postherpetic neuralgia. This combination of topical cream also contains Ketoprofen which is an NSAID. As discussed above, topical NSAID will not be indicated in this patient given lack of diagnosis of peripheral joint arthritis or tendinitis. Recommendation is for denial.

Prescription of Gaba/Cyclo/Caps gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 111, 64.

Decision rationale: The current request is for gabapentin/cyclobenzaprine/capsaicin compounded gel. MTUS Guidelines do not support gabapentin or cyclobenzaprine topical product. MTUS Guidelines states that if one of the compounded products is not recommended, then the entire compound is not recommended. In this case, gabapentin and cyclobenzaprine are not recommended in topical formulation, and recommendation is for denial.