

Case Number:	CM14-0034416		
Date Assigned:	07/23/2014	Date of Injury:	01/30/2004
Decision Date:	08/27/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Interventional Spine 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 patient is a 52 year old with an injury date on 1/30/04. Patient complains of low back pain with no radiation to lower extremities, with pain rated 6/10 with medications, and 9/10 without medications per 2/19/14 report. Patient states her pain has worsened since last visit, but TENS unit has helped in bathing/walking per 2/19/14 report. Based on the 2/19/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar disc degenerative 2. Lumbar facet arthropathy 3. S/P fusion, lumbar spine 4. Chronic pain syndrome 5. History of paralytic ileus, s/p exploratory laparoscopy, chronic nausea Exam on 2/19/14 showed patient's gait is slow. Patient uses a cane to ambulate. L-spine: a well-healed surgical scar and severe scoliosis. There is spasm noted in the right paraspinal musculature and tenderness to palpation bilaterally in the paravertebral area L3-S1 levels. The range of motion of lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present bilaterally. Sensory exam is within normal limits bilaterally. Motor exam is within normal limits in bilateral lower extremities. The patient's Achilles and patellar reflexes were within normal limits bilaterally. Straight leg raise at 90 degrees in seated position negative bilaterally. [REDACTED] is requesting Urine drug screening, TENS unit patches Qty 4, Ketogel 120gm 20% use as directed (DOS 2/19/14), Lidoderm patch 5% apply 1 patch every 12 hours on and 12 hours off Qty: 30 (DOS 2/19/14), Ondonestron 4mg 1 every 8 hours as needed Qty 30 (DOS 2/19/14), and Senokot-S 50/8.6mg twice a day Qty 60 (DOS 2/19/14). The utilization review determination being challenged is dated 3/7/14 and rejects request for TENS unit patches due to a lack of diagnosis of CRPS or diabetic neuropathy. [REDACTED] is the requesting provider, and he provided treatment reports from 10/2/13 to 4/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Urine drug testing.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, pages 94-95.

Decision rationale: This patient presents with lower back pain and s/p lumbar fusion from 1980. The physician has asked for Urine drug screening on 2/19/14. The reviews of the reports do not show any evidence of urine drug screen being done in the prior 4 months. The UR letter, however, cites urine drug screens on 11/27/13 and 1/22/14 which both detected acetaminophen. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. But this applies to patients that are on opiates and UDS's are used to manage chronic opiate use. This patient was not on any opiates and there was no need for UDS testing. The request is not medically necessary.

TENS Unit patches Quantity 4: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, TENS, pages 114-121, Transcutaneous Electrotherapy.

Decision rationale: This patient presents with lower back pain and is s/p lumbar fusion from 1980. The physician has asked for TENS unit patches Qty 4 on 2/19/14. The 1/22/14 report states that the TENS unit has been effective in functionally improving patient's bathing/walking, and decreasing pain and muscle spasms. Patient has run out of TENS unit patches several months ago, and chronic muscle spasms have been flaring up per 1/22/14 report. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the treater has asked for TENS unit patches Qty 4 which seems reasonable and within MTUS guidelines. The request is medically necessary.

Ketogel 120gm 20% use as directed (DOS 2/19/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Livestock Supply <http://www.americanlivestock.com/ketogel-tube-each-j306.html> Ketogel - Ketosis Medication A concentrated energy gel packed with vitamins, amino acids, and trace minerals. Designed to be used in maintaining normal blood glucose during periods of stress. Ketogel for cattle is a highly concentrated energy gel packed with vitamins, amino acids, and trace minerals. It is used as an aid to help maintain normal blood glucose (sugar) levels during stress periods when Ketosis (acetonemia) often develops. Often the oral product is used as a follow-up to intravenous dextrose or hormone treatments. Contains propylene glycol, vitamins A, D & E, niacin, choline and cobalt. One tube twice daily.

Decision rationale: This patient presents with lower back pain and is s/p lumbar fusion from 1980. The physician has asked for Ketogel 120gm 20% use as directed (DOS 2/19/14) on 2/19/14. Regarding ketoprofen, ODG states it is under study as a first-line treatment in the U.S. Topical NSAIDs are generally recommended for short term use for acute sprain/strains and longer term for osteoarthritis of the knee and hand, particularly in individuals with risk for GI ulceration, but they are not indicated for treatment of the low back or neuropathic pain. At this time, there are no high quality studies of any of the various pharmacy compounded formulations of topical ketoprofen available in the U.S. In this case, requested Ketogel is not FDA approved and still under study. Included documentation does not show a failure of a trial of a first-line topical NSAID. In addition, this patient presents with lower back pain for which a topical NSAID is not indicated. The request is not medically necessary.

Lidoderm Patch 5% apply 1 patch every 12 hours on and 12 hours off Quantity 30 (DOS 2/19/14): Upheld

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

MAXIMUS guideline: Final Determination Letter for IMR Case Number CM14-0034416 5 The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm® (lidocaine patch), pages 56-57 and Topical analgesics, pages 111-113.

Decision rationale: This patient presents with lower back pain and is s/p lumbar fusion from 1980. The physician has asked for : Lidoderm patch 5% apply 1 patch every 12 hours on and 12 hours off Qty: 30 (DOS 2/19/14) on 2/19/14. Patient has been taking Lidoderm patches since at least 10/2/13 report. Regarding topical lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. In this case, this patient presents with axial spinal pain, while requested Lidoderm patches are intended for peripheral joint arthritis. The request is not medically necessary.

Ondansetron 4 mg 1 Every 8 hours as needed Quantity 30 (DOS 2/19/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Antiemetics.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS ODG guidelines, Pain chapter for: Ondansetron (Zofran®).

Decision rationale: This patient presents with lower back pain and is s/p lumbar fusion from 1980. The physician has asked for Ondansetron 4mg 1 every 8 hours as needed Qty 30 (DOS 2/19/14) on 2/19/14. Patient has been taking Ondansetron since at least 10/2/13. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. The request is not medically necessary.

Senokot-S 50/8.6mg Twice a day Quantity 60 (DOS 2/19/14): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the X MedlinePlus.com
<http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>

Decision rationale: This patient presents with lower back pain and is s/p lumbar fusion from 1980. The physician has asked for Senokot-S 50/8.6mg twice a day Qty 60 (DOS 2/19/14) on 2/19/14 to reduce side effect of constipation resulting from chronic administration of opiate pain medications. Both 1/22/14 report and 2/19/14 report state to hold prescription refill for Senokot, as patient has an adequate supply. Patient has been taking Senokot since at least 10/3/13. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the physician's statement that the patient is on opiates, the physician should be allowed the leeway to prescribe a laxative that works for the patient. The request is medically necessary.