

Case Number:	CM14-0034571		
Date Assigned:	07/23/2014	Date of Injury:	01/04/2003
Decision Date:	09/10/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2003. Thus far, the applicant has been treated with analgesic medications; aquatic therapy; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy and fusion surgery; and opioid therapy. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for tramadol, Lidoderm, Neurontin, Colace, baclofen, Senna, Norco, urine drug screen, aquatic therapy, physical therapy, lumbar MRI, trigger point injection therapy, and implantation of a percutaneous electrical nerve stimulator. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant's secondary treatment provider sought authorization for urine toxicology screen, blood glucose testing, cardiorespiratory testing, and upper GI studies, Prilosec, Citracal, Colace, and topical medications for hemorrhoids. On January 20, 2014, the applicant reported persistent complaints of low back pain radiating to bilateral lower extremities. The applicant was status post earlier lumbar fusion surgery. The applicant had superimposed issues with depression. The applicant had ongoing complaints of radicular pain. The applicant was an insulin-dependent diabetic, it was further noted, and also had comorbid dyslipidemia and hypertension. The applicant was on tramadol, baclofen, Neurontin, Lidoderm, Colace, and insulin, it was stated. Lower extremity exam is limited to 4 to 5-/5 range. Lidoderm, tramadol, Neurontin, Colace, baclofen, and Senna were endorsed. The applicant was asked to begin Norco. Trigger point injections were endorsed for the lumbar paraspinals. The applicant was asked to obtain an implantation of a peripheral percutaneous neurostimulator on the grounds that all conservative modalities had failed. The applicant work status was not clearly stated. The applicant stated that her current medication regimen had been ineffective for the past several months. On an early note of October 8, 2013,

the applicant again reported persistent complaints of low back pain radiating to the legs, reportedly worsened. The applicant was having issues with opioid-induced constipation, it is further noted. The applicant was described on April 30, 2014 as having a variety of issues, including insomnia, psychological stress, reflux, and constipation. It was noted on January 28, 2014, the applicant had ongoing issues with depression, anxiety, and mood disturbance, longstanding. A psychiatry consultation for the same was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of topical Lidoderm to treat issues with localized peripheral pain or neuropathic pain in applicant's in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant had already been using topical Lidoderm, despite the tepid to unfavorable MTUS position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates an attending physician incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider did not clearly state how (or if) ongoing usage of Lidoderm had been effective here. If anything, the attending provider had seemingly suggested that ongoing usage of medications were waning in efficacy. The attending provider did not outline any concrete improvements in function achieved as a result of ongoing Lidoderm usage. Ongoing usage of Lidoderm does not appear to have diminished the applicant's consumption of other opioid medications and/or affected the applicant's successful return to work. There does not appear to have been any evidence of functional improvement as defined in MTUS as a result of ongoing Lidoderm usage. Therefore, the request is not medically necessary.

Tramadol 50mg Quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page of 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints

appear to be heightened, as opposed to reduced, despite ongoing usage of tramadol. Continuing the same does not appear to be indicated. Therefore, the request is medically necessary.

Gabapentin 300 mg Quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant's using gabapentin should be asked at each visit as whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's medication profile is waning in efficacy, the attending provider has himself acknowledged. There is, in short, no concrete evidence of improvements in pain and/or function achieved as a result of ongoing gabapentin usage. Therefore, the request is medically necessary.

Docusate Sodium 100mg Quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicant's using opioids. In this case, the applicant is, in fact, using opioid agents, including Norco, which has been approved, below. Prophylactic provision of docusate sodium to combat issues with opioid-induced constipation is indicated. It is further noted that the applicant, in this case, appears to be experiencing actual symptoms of constipation. Ongoing usage of Docusate is indicated to combat the same. Therefore, the request is medically necessary.

Baclofen 10 mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section Page(s): 64,7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the management of spasticity and can be employed off label for neuropathic pain, this recommendation is qualified by commentary made

on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on other medications, including opioids such as Norco. Baclofen does not appear to be producing requisite improvements in pain or function. There does not appear to be any concrete evidence of functional improvement which would support ongoing usage of baclofen. Therefore, the request is not medically necessary.

Senna 8.6 mg Quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicant's using opioids. In this case, the applicant has actual symptoms of constipation associated with opioid usage. Provision of Senna to combat the same is indicated, appropriate, and consistent with page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Norco 5/325 Quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen Page(s): 91.

Decision rationale: The request in question appears to be a first-time request for Norco and/or recent introduction. The Norco was apparently introduced on the grounds that other opioid agents, including tramadol, have not been altogether successful. Page 91 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a short-acting opioid such as Norco is indicated in the treatment of moderate-to-moderately severe pain. In this case, the applicant does in fact have pain in the moderate-to-moderately severe range or greater. Provision of Norco, at least on a trial basis, to combat the same, is indicated. Therefore, the request is medically necessary.

Retrospective Urine drug screening (DOS 1/28/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing Topic, an attending provider should clearly state which drug tests and/or drug panels he tends to test for and state when the last time an applicant was tested. In this case, the attending provider did not outline what drug tests and/or drug panels he was testing for, nor did he state when the last time when the applicant was tested. Therefore, the request is not medically necessary.

Aquatic therapy 2-3 times a week for 4-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22, 99.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, there is no evidence of reduced weight bearing is desirable here, although it is incidentally noted that the applicant was described on an office visit of July 8, 2014 as severely obese, with a BMI of 39. It is further noted that the 8- to 18-session course of treatment, in and of itself, represents treatment well in excess of 8- to 10-session course recommended in page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

Physical Therapy 2-3 times a week for 4-6 weeks: Upheld

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the 8- to 18-session course of physical therapy proposed here, in and of itself, represents treatment well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the primary operating diagnosis here. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy, active modalities, and tapering or fading the frequency of treatment over time. No rationale for treatment this far in excess of the MTUS

parameters and principles were proffered by the attending provider. Therefore, the request is not medically necessary.

Outpatient Lumbar MRI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, MRI imaging is recommended as a test of choice for applicants who have had prior back surgery. In this case, the applicant has, in fact, had prior back surgery. The applicant, furthermore, appears to be having heightened radicular complaints and heightened radicular signs with diminished lower extremity weakness appreciated on several office visits of January and July 2014, referenced above. Obtaining MRI imaging to determine whether or not the applicant has no new neurologic compression is therefore indicated. Therefore, the request is medically necessary.

One trigger point injection for Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as is present here. In this case, the applicant has radicular complaint associated with an earlier lumbar laminectomy surgery. The applicant has heightened radicular complaints, it is further noted. MRI imaging to clearly delineate the extent of the same has been endorsed, above. Trigger point injections are not indicated as the applicant's primary operating concern appears to be lumbar radiculopathy as opposed to myofascial pain syndrome. Therefore, the request is not medically necessary.

Psychiatric Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, the presence of mental health symptoms which persist beyond three months do warrant referral to a mental health professional. In this case, the applicant has longstanding issues of anxiety and depression, either associated with her medical complaints or stand-alone. Obtaining the added expertise of a psychiatrist to further evaluate the same is indicated. Therefore, the request is medically necessary.

Internal Medicine Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with certain of line inquiry or with treating a particular cause of delayed recovery. In this case, the applicant apparently had some internal medicine issue such as hemorrhoids and/or gastroesophageal reflux disease with the applicant's primary treating provider is apparently uncomfortable treating. Obtaining the added expertise of an internist is therefore indicated. Accordingly, the request is medically necessary.

Follow Up visit in 6-8 weeks: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of follow up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. Obtaining a follow up visit with the applicant's primary treating provider is indicated. Therefore, the request is medically necessary.