

Case Number:	CM14-0053249		
Date Assigned:	08/08/2014	Date of Injury:	04/08/2009
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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:

Patient is a 34-year-old male who has submitted a claim for status post lumbar interbody fusion L4-L5, HNP lumbar spine L2-L3 and L3-L4 with mild to moderate stenosis, facet arthropathy lumbar spine, and retained hardware associated with an industrial injury date of 04/08/2009. Medical records from 2014 were reviewed. Patient complained of low back pain associated with numbness and throbbing sensation towards bilateral lower extremities. Pain was rated 10/10 in severity, and relieved to 7/10 upon intake of medications. Both Norco and tramadol allowed him to walk with less pain. Patient noted constipation and gastritis as adverse effects however, Promolaxin and Prilosec, respectively, had provided him symptom relief. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Motor strength was 5-/5 at right tibialis anterior and right extensor hallucis longus. Both Achilles and patellar reflexes were 3+ bilaterally. Straight leg raise was positive bilaterally with pain extending to the feet. Sensation was diminished to the right L4 to S1 dermatomes. Lasague test was positive bilaterally. Treatment to date has included lumbar interbody fusion at L4-L5 on 11/02/2010, and medications such as Norco, tramadol, Promolaxin, and Prilosec. Utilization review from 03/31/2014 denied the requests for Internal Medicine Consult for Gastrointestinal Complaints and Specialist to Evaluate Sleep Impairment because the submitted documentation did not support this request; denied Removal of Hardware L4-5, Exploration of Fusion with Possible Revision Fusion at L4-5 as an OP Procedure because of lack of evidence for its medical necessity; denied Omeprazole 20mg because there was no clinical indication; denied LidoPro Topical Ointment 4oz because AME recommended discontinuation; and modified the requests for Tramadol ER 150mg and Hydrocodone / APAP 10/325mg into one week supply for weaning because AME did not recommend continued narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult for Gastrointestinal Complaints: Upheld

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

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), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of stomachache secondary to multiple oral medication intake. However, recent progress reports cited that prescription of omeprazole resulted to symptomatic relief. The medical records did not reveal uncertainty or complexity of gastrointestinal issues. Furthermore, there was no failure of current therapies for the patient's pain problems, which may warrant a referral to a specialist. Therefore, the request for Internal Medicine Consult for Gastrointestinal Complaints is not medically necessary.

Removal of Hardware L4-5, Exploration of Fusion with Possible Revision Fusion at L4-5 as an OP Procedure:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Hardware Implant Removal (Fixation).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that routine removal of hardware implanted for fixation is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Implant removal in symptomatic patients is rated to be moderately effective. In this case, patient underwent lumbar interbody fusion at L4-L5 on 11/02/2010. Recent progress reports cited that he had unrelenting low back pain associated with numbness and throbbing sensation towards bilateral lower extremities. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Motor strength was 5-/5 at right tibialis anterior and right extensor hallucis longus. Both Achilles and patellar reflexes were 3+ bilaterally. Straight leg raise was positive bilaterally with pain extending to the feet. Sensation

was diminished to the right L4 to S1 dermatomes. Lasegue test was positive bilaterally. However, medical records submitted for review failed to provide a discussion to support the present request for hardware removal. There was no evidence of presence of broken hardware or assessment for infection or nonunion. Guideline criteria were not met. Therefore, the request for Removal of Hardware L4-5, Exploration of Fusion with Possible Revision Fusion at L4-5 as an OP Procedure is not medically necessary.

Specialist to Evaluate Sleep Impairment:

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

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), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, medical records submitted for review failed to provide a clear indication for this request. There was no discussion concerning sleep hygiene to warrant such. The medical necessity cannot be established due to insufficient information. Therefore, the request for Specialist to Evaluate Sleep Impairment is not medically necessary.

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial date of tramadol intake was not documented. Recent progress reports cited that it provided symptomatic relief and allowed him to ambulate. Patient reported that pain was reduced from 10/10 to 7/10 in severity. Guideline criteria for continuing opioid management have been met. However, the request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for Tramadol ER 150mg is not medically necessary.

Hydrocodone / APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial date of opioid intake was not documented. Recent progress reports cited that it provided symptomatic relief and allowed him to ambulate. Patient reported that pain was reduced from 10/10 to 7/10 in severity. Guideline criteria for continuing opioid management have been met. However, the request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for Hydrocodone / APAP 10/325mg is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://references.medscape.com/drug/zantac-raniadine-342003#0><http://references.medscape.com/drug/prilosec/omeprazole-341997>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the exact initial date of omeprazole intake was not documented. Patient complained of gastritis-related symptoms secondary to multiple oral medication intake. He reported symptomatic relief attributed to PPI use; hence, the medical necessity for continuing treatment had been established. However, the request as submitted failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for omeprazole 20 mg is not medically necessary.

LidoPro Topical Ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylates, Topical Analgesics Page(s): 105,111-113.

Decision rationale: LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro topical ointment 4oz is not medically necessary.