

Case Number:	CM14-0056017		
Date Assigned:	07/09/2014	Date of Injury:	04/16/1995
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 61-year-old female who reported an injury on 04/16/1995. The injury occurred when she tried putting a dolly in a truck. On 12/17/2013, the injured worker presented with low back, buttock, and right leg pain. Current medication included Valium, Fentanyl, Dilaudid, Cymbalta, Lidoderm patch, Calcium, Prilosec, and Triamterene. Upon examination, there was tenderness to palpation at the L3-4 and L4-5 facets and the right sacroiliac joint. There was a positive Patrick's test to the bilateral lower extremities. The diagnoses were shoulder pain, compression fracture of the thoracic vertebrae, post-laminectomy syndrome, lumbar fusion, status post-surgical spinal pump implant, and adjustment disorder with mixed features. The provider recommended Dilaudid, Lidoderm patches, Calcium, Prilosec, and Valium. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg tabs 1-2q 4-6hrs 6/d: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82. Decision based on Non-MTUS Citation Dr David A Fiellin Yale University, New Haven, CT Medline 1966 to 2005) pages 116-127.

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

Decision rationale: The request for Dilaudid 4 mg tablets 1 to 2 q 4 to 6 hours 6/d is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Dilaudid since at least 01/2014. The efficacy of the medication was not provided. Additionally, the provider's request for Dilaudid did not indicate the frequency in the request as submitted. As such, the request is not medically necessary.

Lidoderm patches 5% 1 Patch Q 24hr PRN to pump pocket: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 5% 1 patch Q 24 hours PRN to pump pocket is not medically necessary. California MTUS states that Lidoderm is recommended for localized peripheral pain as there has been evidence of a trial of a first-line therapy such as a tricyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included documentation lacked evidence that the injured worker has a diagnosis congruent with the guideline recommendation of Lidocaine patch. Additionally, there is lack of documentation that the injured worker had failed a trial of a first-line therapy as recommended by the guidelines. The provider's request does not indicate the quantity of the patches or the site that the Lidoderm patch is indicated for in the request as submitted. As such, the request is not medically necessary.

Calcium 600/Vit D 600/VITAMIN 600-400MG-UNIT TABS 1 DAILY: 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 Official Disability Guidelines (ODG), Pain, Vitamin D and on Other Medical Treatment Guidelines or Medical Evidence: MedlinePlus, Calcium, Online Database <http://www.nlm.nih.gov>.

Decision rationale: The request for calcium 600, vitamin D 600, and vitamin 600-400 mg unit tablets 1 daily is not medically necessary. The Official Disability Guidelines state that vitamin D

is under study as an isolated pain treatment and vitamin D deficiency is not considered a Workers' Compensation condition. Musculoskeletal pain is associated with low vitamin D levels, but the relationship may be explained by physical inactivity and/or other confounding factors. Inadequate vitamin D may represent an under-recognized source of nociception and impaired neuromuscular functioning among injured workers with chronic pain. Scientific-based research further state that multivitamins are prescribed for injured workers who need extra vitamins, who cannot eat enough foods to obtain the required vitamins, or who cannot receive the full benefit of vitamins contained in the food they eat. As vitamin D is under study and there are significant barriers restricting the injured worker from obtaining the required amount of vitamins through food, there is lack of evidence that the injured worker needs extra vitamins. As such, the request is not medically necessary.

Prilosec 20mg 1 BID:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID with PPI. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The request for Prilosec 20 mg 1 BID is not medically necessary. California MTUS Guidelines state proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are at moderate to high risk for gastrointestinal events. The included documentation lacks evidence that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, the provider's request does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary.

Valium 5mg tabs 1 PO bid pm muscle spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request for Valium 5 mg tablets 1 PO bid pm muscle spasms is not medically necessary. Benzodiazepines are not recommended due to rapid development of tolerance and dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Valium since at least 01/2014. The efficacy of the medication was not provided. Additionally, the provider's request for Valium 5 mg tablets exceed the guideline recommendation of short-term therapy and the provider's request does not indicate the quantity of the medications in the request as submitted. As such, the request is not medically necessary.