

Case Number:	CM14-0066786		
Date Assigned:	07/14/2014	Date of Injury:	03/27/2002
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 33-year-old male who reported an injury 03/27/2002. The mechanism of injury was not provided within the medical records. The Clinical Note dated 07/02/2014 indicated diagnoses of postlaminectomy syndrome of the lumbar region, sacroiliitis not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, fasciitis and encounter for long term use of other medications. The injured worker reported that the medications provided him with a significant degree of pain relief and he was able to identify objective evidence of improved function as a result of using his medications. The injured worker reported he was not experiencing any side effects from the medication and would like to continue medication in order to work toward ongoing functional improvement in regards to his painful condition. The injured worker reported his pain 5/10. The injured worker reported he had a trigger point injection and it worked very well. The injured worker reported continued relief greater than 50% and reported he was much more physically active being able to walk and stand for much longer periods of time. The injured worker reported partial pain relief with improvement in activity tolerance, ability to work full time, and reported he needed continued pain medications including opiates and muscle relaxants. On physical examination the injured worker had lumbar spine spasming and trigger point palpated. The injured worker's treatment plan included discontinue lidocaine 5% ointment and discontinue OxyContin 60 mg tab and OxyContin 80 mg tab, continue to wean down the OxyContin by 20 mg this month. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included OxyContin, Norco, and Soma. The provider submitted a request for OxyContin and lidocaine. A Request for Authorization dated 06/05/2014 was submitted; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidocaine 5% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As the physician has discontinued lidocaine 5% ointment, lidocaine is not indicated at this time. The lidocaine would not be medically necessary; therefore, the request is not medically necessary.

1 Prescription of Oxycontin 80mg #90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Injured worker reported relief and functional improvement with the use of OxyContin. It was not indicated how long the injured worker had been utilizing this medication. In addition, the provider reported he was going to discontinue the OxyContin 80 mg; however, the injured worker is still prescribed OxyContin 80 mg, therefore, clarification is necessary. Moreover, it was not indicated if the injured worker had signed a pain contract. Additionally, the request did not indicate a frequency for the medication. Therefore, the request of OxyContin is not medically necessary.

Soma 350mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma is not medically necessary. The California MTUS guidelines state that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. The injured worker reported relief and functional improvement with the use of Soma; however, the injured worker has been prescribed Soma since at least May 7, 2014. This exceeds the guideline recommendations for short-term use. Furthermore, the request does not indicate a frequency. Therefore, the requested Soma 350mg #30 with 3 refills is not medically necessary.

Hydrotherapy as a physical therapy modality (unknown number of sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for hydrotherapy is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is a lack of documentation indicating the injured worker's prior course of physical therapy to include the number of sessions the injured worker has completed as well as the efficacy of the prior therapy. Additionally, there is lack of documentation including an adequate and complete physical exam demonstrating that the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. There is also a lack of documentation regarding the injured worker's inability to participate in land-based exercise. Moreover, there is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. In addition, the request did not specify a timeframe for the therapy. Therefore, the requested hydrotherapy is not medically necessary or appropriate at this time.