

Case Number:	CM14-0086837		
Date Assigned:	08/06/2014	Date of Injury:	06/05/2002
Decision Date:	09/11/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 June 5, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; topical agents; earlier cervical laminectomy surgery; epidural steroid injection therapy; and opioid therapy. In a utilization review report dated May 21, 2014, the claims administrator denied a request for aquatic therapy, a wheeled Rollator walker, speech therapy consultation, psychotherapy, Viagra, Colace, Lidoderm, Lorzone, and omeprazole. The claims administrator invoked non-MTUS ODG Guidelines to deny the walker and Lorzone, although the MTUS did address these issues. The applicant attorney subsequently appealed. In a June 18, 2013 the medical-legal evaluation, the applicant's medical-legal evaluator opined that the applicant's mental issues were function of his chronic pain concerns. On September 25, 2013, the applicant presented with persistent complaints of bilateral hand pain and low back pain radiating to the bilateral knees. The applicant's medications included Soma, Bisacodyl, MiraLax, Lyrica, Norco, Voltaren gel, Amitiza, Nexium, Colace, and Biofreeze. It was stated that that Amitiza was being employed for constipation secondary to pain medication while Nexium is being employed for heartburn also secondary to pain medications. The applicant's BMI was 27. The applicant exhibited a slow gait requiring usage of a walker, it was suggested. On May 21, 2014, the applicant was placed off of work. The applicant remained worried and anxious. The applicant was given prescriptions for Zoloft, Seroquel, Klonopin, and Neurontin. In a May 7, 2014 progress note, the applicant reported 5.5 to 9/10 pain with poor sleep and poor anxiety. The applicant was using Nexium, Dulcolax, Colace, Norco, Voltaren, Amitiza, MiraLax, Soma, Norco, Biofreeze, Hydrochlorothiazide, Zestril, and Zocor, it was acknowledged. The applicant

reportedly had an abnormal gait secondary to back pain, it was suggested on the review of systems section of the report. On this occasion, it was stated that the applicant had a slowed gait requiring usage of a walker with a surgical scar present about the cervical spine. The applicant stated that his walker was broken and that he needed a replacement walker as he was apparently unable to ambulate with any ease. The applicant was asked to try Omeprazole for GI upset on this occasion. Lorzone was endorsed on a trial basis, it was further stated. The applicant posited that ongoing usage of Norco was beneficial and diminished his pain from 9/10 to 5 6/10 and allowed him to sit and stand with greater facility. Lidoderm patches were apparently being endorsed on a trial basis for neuropathic pain. The applicant was asked to continue Biofreeze gel for pain relief. A speech therapy consultation was endorsed owing to the fact that the applicant had difficulty swallowing pills. The applicant is asked to follow up with a psychiatrist and obtain psychotherapy in conjunction with psychiatric visits. Cardiology, dentistry, and ophthalmology consultations were also endorsed along with 12 sessions of aquatic therapy. It was stated that the applicant had previously received authorization for same, but had unable to complete or continue these issues owing to uncontrolled hypertension. The applicant did not appear to be working. In an earlier note dated April 29, 2014, the applicant was described as using Nexium, Dulcolax, Colace, Lyrica, Voltaren gel, Amitiza, MiraLax, Soma, Norco, Biofreeze gel, Zestril, Zocor, and Hydrochlorothiazide. The applicant was described as permanent and stationary. It did not appear that the applicant was working. There was no mention of issues with sexual dysfunction on this occasion. Similarly, on the May 7, 2014 progress note, the applicant was described as having issues with poor sexual relations. It was stated that Viagra had apparently helped in 2004 and 2005.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of aqua therapy: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of aquatic therapy in applicant's in whom reduced weight bearing is desirable, the 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis present here. It is further noted that the attending provider has not clearly outlined how much prior aquatic therapy (if any) the applicant has had to date, what the response was, and what the goals are, going forward, with further aquatic therapy. Therefore, the request Twelve (12) sessions of aqua therapy is not medically necessary and appropriate.

One 4 wheeled rollator walker with brakes: Overturned

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

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, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane and/or walker. In this case, the attending provider has posited that the applicant has significant mobility, which does require usage of a walker. The applicant apparently furnished a walker at an earlier point during the course of the claim. The attending provider has stated that this walker has reportedly broken. Provision of a replacement walker is therefore indicated. Accordingly, the request for one 4 wheeled rollator walker with brakes is medically necessary and appropriate.

Speech therapy consult: Overturned

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

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

Decision rationale: As noted on page 92 of the MTUS-adopted ACOEM Guidelines in Chapter 5, a referral may be appropriate if a practitioner is uncomfortable treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider has posited that the applicant has difficulty swallowing pills and that a speech therapist could more formally assess this topic. This is an appropriate indication for consultation/referral, per ACOEM. Therefore, the request of Speech therapy consult is medically necessary and appropriate.

Psychotherapy sessions (unknown) with psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy Chronic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 & 405.

Decision rationale: The applicant has had unspecified amounts of psychotherapy over the course of the claim. While the MTUS Guideline in ACOEM Chapter 15, page 400, does endorse certain forms of psychological treatment, including cognitive techniques and therapy, page 405 of the ACOEM Practice Guidelines qualifies this recommendation by noting that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, and unrecognized psychosocial stressors. In this case, the applicant is off of work. The applicant's mental health issues do not appear to have responded favorably to earlier

psychotherapy. The applicant remains highly reliant and highly dependent on numerous psychotropic medications including Zoloft, Seroquel, Klonopin, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of psychotherapy. Therefore, the request for Psychotherapy sessions (unknown) with psychologist is not medically necessary and appropriate.

Viagra (unknown prescription): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guidelines.

Decision rationale: The MTUS does not address the topic. However, the American Urologic Association (AUA) notes that 5-phosphodiesterase inhibitors such as Viagra do represent the first line of therapy for erectile dysfunction, the issue present here. The applicant is apparently having difficulty with erectile dysfunction which, in fact, was reportedly ameliorated through usage of Viagra. Reintroduction of the same is therefore indicated. Accordingly, the request of Viagra (unknown prescription) is medically necessary and appropriate.

Lidoderm 5% #30: Overturned

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 Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial first line therapy with antidepressants and/or anticonvulsants. In this case, the attending provider has posited, albeit incompletely, that the applicant's ongoing usage of anticonvulsant and adjuvant medication such as Lyrica has not been altogether effective in ameliorating the applicant's chronic pain complaints. A trial of Lidoderm is therefore indicated, as suggested by the attending provider. Therefore the request of Lidoderm 5% #30 is medically necessary and appropriate.

Lorzone 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation American Geriatrics Society 2012 Beers Criteria update Expert Panel, American Geriatrics Society update Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2012 Apr; 60(4):616-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Lorzone is a muscle relaxant. As noted in page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, however, muscle relaxants such as Lorzone are recommended with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the 90-tablet supply of Lorzone proffered by the attending provider does not represent short-term usage but, rather, represents chronic, daily, and/or scheduled use purposes, which are not supported by page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request of Lorzone 750mg #90 is not medically necessary and appropriate.

Omeprazole DR 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated to combat issues with NSAID induced dyspepsia. In this case, the applicant apparently has standalone issues with dyspepsia. The request in question represents a first time request for omeprazole, apparently introduced to replace an earlier prescription for Nexium. This is indicated, given the applicant's ongoing issues with reflux and heartburn. Therefore, the request of Omeprazole DR 10mg #30 is medically necessary and appropriate.