

Case Number:	CM14-0208230		
Date Assigned:	12/22/2014	Date of Injury:	11/07/2011
Decision Date:	02/18/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 November 7, 2011. In a Utilization Review Report dated November 3, 2014, the claims administrator approved lumbar MRI imaging, denied lumbar flexion-extension films, denied Tylenol No. 2, partially approved Lyrica, and denied Lidoderm outright. The claims administrator referenced progress notes of October 22, 2014 and August 22, 2014. It was suggested that the applicant had issues with symptomatic spondylolisthesis of the lumbar spine, grade IV. The claims administrator apparently denied Lidoderm patches on the grounds that the Lidoderm was a non-formulated ODG drug. X-rays of the lumbar spine at work apparently performed on October 28, 2014 were notable for chronic grade IV anterior spondylolisthesis at L5-S1. In an October 22, 2014 progress note, the applicant reported ongoing complaints of low back pain, 5 to 8/10, exacerbated by negotiating stairs. The applicant was using Neurontin for pain relief. 5/5 lower extremity strength was noted. The applicant was given diagnoses of lumbar radiculopathy, facet arthropathy, and cervical strain. Tylenol No. 2 and Lyrica were endorsed. The attending provider suggested that the applicant obtain both lumbar MRI imaging and flexion-extension views of the lumbar spine. Permanent work restrictions were endorsed. The attending provider did not state how (or if) the proposed lumbar MRI imaging and plain films would influence or alter the treatment plan. It was not clearly established whether the applicant was or was not work with permanent limitations in place. In a May 13, 2014 acupuncture note, it was acknowledge that the applicant was off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine, flexion-extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table12-8, 309.

Decision rationale: 1. No, the x-rays of the lumbar spine flexion-extension views were not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographic lumbar spine for evaluation purposes is deemed "not recommended." Here, the applicant already had an established diagnosis of grade IV lumbar spondylolisthesis. The lumbar spine x-rays performed on October 28, 2014 simply confirmed unknown diagnosis of symptomatic spondylolisthesis. There was no mention of the applicant's willingness to act on the results of the study in question and/or consider any kind of surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Tylenol #2, one (1) by mouth twice a day, #60 with four (4) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

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

Decision rationale: 2. The request for Tylenol no. 2, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. The request in question did represent a renewal request for Tylenol No. 2. The attending provider indicated on the October 26, 2014 progress note that the applicant was previously using Tylenol No. 2. As noted on page 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. Here, however, the applicant was/is off of work, despite ongoing usage of Tylenol No. 2. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant continues to report pain complaints as high as 8/10 on October 22, 2014 despite ongoing Tylenol No. 2 usage. The applicant was having difficulty negotiating stairs and reaching overhead, it was acknowledge, despite ongoing Tylenol No. 2 usage. The attending provider did not, in short, outline the presence of any material or meaningful improvements in function achieved as a result of ongoing Tylenol no. 2 usage. Therefore, the request is not medically necessary.

Lyrica 75mg one to two (1-2) every night a bedtime #60 with four (4) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Functional Restoration Approach to Chronic Pain Management Medications for Chronic Pa.

Decision rationale: 3. The request for Lyrica 75 mg, #60 with four refills was not medically necessary, medically appropriate, or indicated here. Lyrica was seemingly introduced for the first time on October 22, 2014, to address the applicant's ongoing issues with lower extremity dysesthesias. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Pregabalin or Lyrica is a first-line treatment for neuropathic pain, as was/is present here, this recommendation is, however, 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. The five-month supply of Lyrica at issue does not, however, contain a proviso to reevaluate the applicant following introduction of Lyrica so as to ensure a favorable response to the same before moving forward with such a lengthy course of Lyrica. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incidentally noted, suggests that analgesic medications show effects within one to three days. The request, thus, as written, is at odds with both page 7 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Lidoderm 5% patches 12 hours on/ 12 hours off #90 x 6 refills: 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 Page(s): 112.

Decision rationale: 4. Finally, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, Pregabalin or Lyrica was introduced for the first time on October 22, 2014. There was, thus, no clear or compelling evidence of oral anticonvulsant and adjuvant medication failure prior to introduction of the Lidoderm patches at issue. Therefore, the request is not medically necessary.