

Case Number:	CM15-0139140		
Date Assigned:	07/29/2015	Date of Injury:	10/18/1999
Decision Date:	09/23/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 59 year old male who sustained an industrial injury on 10-18-1999. Mechanism of injury was cumulative trauma. Diagnoses include lumbago with discopathy, failed back surgery syndrome, status post bilateral disk resection at L3-4 with persistent residual pain, L4-5 status post left sided microdiscectomy in 2004, with recurrent herniated disc, and neural compression with radiculopathy, lumbalgia with chronic pain syndrome, diabetes mellitus, pain in right hip and thigh-multiple dislocations, new left lower extremity calf pain and 1st,2nd and 3rd toes are numb with pain on standing, and failed right hip replacement surgery x 9 surgeries. Treatment to date has included diagnostic studies, medications, multiple surgeries, and therapies. He is not working, he is temporarily disabled. His medications include Kadian, Endocet, Baclofen, Uroxatral, Lyrica, Gabapentin, Nortriptyline, Diazepam, Lidoderm patch and Celebrex. X-rays of the right hip done on 03-28-2015 showed bilateral hip prosthesis in place. No acute displaced fracture is seen. There is slight increased lucency involving the superior acetabular prosthesis bone interface concerning for loosening. On 04-09-2015, a Magnetic Resonance Imaging of the lumbar spine revealed multilevel degenerative change and hypertrophic facet arthropathy. A physician progress note dated 05-30-2015 documents the injured worker complains of acute lower back and right hip pain. He has a significant change in symptoms regarding his right lower extremity, acetabular and groin area. It has been gradually worsening over the last month. Mainly pain in his right acetabular area, right groin area of the left and it is constant and rated 3-4 out of 10 and increases to 7-8 out of 10-50-70% of the time.

His right hip pain is increased with increase in walking. Right thigh pain is 3-4 out of 10; right hip pain is 6-8 out of 10. His left lower extremity pain is gradually increasing. He had a fall on 03-05-2-15 where he fell 2 feet landing on his knees and has persistent pain, and today has persistent hip and back pain. Lumbar range of motion is restricted and painful. Right hip range of motion is restricted and painful. Deceased range of motion is due to instability of the motion of the femoral head in the acetabulum. There is tenderness to palpation at the low lumbar and lumbosacral areas and the right trochanter area. The treatment plan includes Polyethylene Glyco 20mg, QTY: 1, and Nortriptyline 50mg, QTY: 30. Treatment requested is for Uroxatral 10mg, QTY: 30, Lidoderm Patches 5%, QTY: 450, ESR, QTY: 1, Diazepam 10mg, QTY: 30, and Bone Scan, QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, QTY: 450: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and Other Medical Treatment Guidelines UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti- depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued

outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. The prior reviewer modified the request to Lidoderm Patches 5%, QTY: 50. As such, the request for Lidoderm Patches 5%, QTY: 450 is not medically necessary.

Uroxatral 10mg, QTY: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Uroxatral (alfuzosin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com>, Uroxatral (Alfuzosin).

Decision rationale: Up-to-date states concerning Uroxatral Dosing: Adult Benign prostatic hyperplasia (BPH): Oral: 10 mg once daily. Ureteral stones, expulsion (off-label use): Oral: 10 mg once daily, discontinue after successful expulsion (average time to expulsion 1-2 weeks) (Agrawal, 2009; Ahmed, 2010; Gurbuz, 2011). Note: Patients with stones >10 mm were excluded from studies. The treating physician notes that the Uroxatral is for urethral relaxation, which is an appropriate use of the medication. As such the request for Uroxatral 10mg, QTY: 30 is medically necessary.

Diazepam 10mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Weaning of Medications, Weaning, Benzodiazepines (specific guidelines).

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

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records indicate that the patient has been on Valium for the past 14 years, far in excess of the 4-week limit. The treating physician does not indicate the extenuating circumstances for why this patient should continue to be on Valium. The original utilization review modified the request from Diazepam 10mg, QTY: 30 to Diazepam 10mg, QTY: 15 for weaning purposes, which is reasonable. The request is in

excess of the guidelines. As such, the request for Diazepam 10mg, QTY: 30 is not medically necessary.

ESR, QTY: 1: Overturned

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 www.uptodate.com.

Decision rationale: ACOEM and MTUS do not directly address the use of ESR for a possible hip infection so up-to-date was consulted. Up-to-date states Erythrocyte sedimentation rate - the ESR, defined as the rate (expressed in mm/hour) at which erythrocytes suspended in plasma settle when placed in a vertical tube, is an indirect measure of the acute phase response and of levels of APR, particularly fibrinogen, in patients with acute or chronic inflammation [5]. It can be influenced by other constituents of the blood, such as immunoglobulins, as well. The ESR can also be affected by changes that may be unrelated to inflammation, including changes in erythrocyte size, shape, and number; and by other technical factors. (See 'Increased ESR' below and 'Decreased ESR' below.) Increased ESR - The ESR, like other APR, is increased in patients with active inflammation from most causes. These include: Systemic and localized inflammatory and infectious diseases. Malignant neoplasms. Tissue injury/ischemia. Trauma Marked elevations in the ESR are more often due to infection than other causes, but noninfectious disorders are also a common etiology. In a retrospective study of 1006 consecutive outpatients, ESR values of over 100 mm/hour were most commonly due to infection (33 percent), with malignant neoplasms and renal disease responsible for 17 percent each and inflammatory disorders responsible for 14 percent [49]. The treating physician notes that there is concern for a bacterial infection and that the ESR was recommended by UCSF specialist to rule out and monitor for possible bacterial infection. As such the request for an ESR, QTY: 1 is medically necessary.

Bone Scan, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Bone Scan; Pain (Chronic), CRPS, diagnostic tests.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan and Other Medical Treatment Guidelines up-to-date, pseudoarthrosis.

Decision rationale: ODG states that bone scans are "not recommended, except for bone infection, cancer, or arthritis." The medical documentation does indicate concerns for infection. ACOEM states that imaging studies may be recommended if there is an "Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery or Clarification of the anatomy prior to an

invasive procedure." There is evidence to suggest that the ACOEM criteria is met. The treating physician notes the patient has new on set right hip pain and decreased ROM. In addition, the patient has had multiple right hip surgery revisions. As such, the request for Bone Scan, QTY: 1 is medically necessary.