MAXIMUS Federal Services

Case Number:	CM15-0143327		
Date Assigned:	08/04/2015	Date of Injury:	06/14/2011
Decision Date:	09/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial fall injury on 06-14-2011. The injured worker was diagnosed with lumbar strain and rule out left hip pathology. The injured worker is status post a remote left total hip replacement in June 2007. Treatment to date has included diagnostic testing with recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral lower extremity (reported as negative for radiculopathy), neurology consultation, chiropractic therapy, water therapy, trigger point injections, ambulatory devices and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to experience left hip and lumbar pain. There was decreased lumbar range of motion with bilateral lower extremity strength graded at 3 plus out of 5. Several hand written documents within the submitted medical records are difficult to decipher. A medical report dated May 11, 2015 documented low back pain radiating to the legs with associated numbness, paresthesias and left lower extremity atrophy. The injured worker utilizes crutches. Examination at this time demonstrated tenderness to percussion of the lumbar spine and tenderness to palpation of the lumbosacral paraspinous musculature bilaterally. The thoracic area was non-tender. Range of motion was not tested due to injured workers dependence on crutches. There was stocking distribution of sensory loss with deep tendon reflexes documented as trace at the knees and absent at the ankles. Current medications are listed as OxyContin 10mg, Percocet 10mg-325mg, Ambien, Lidocaine patches, Baclofen and Gabapentin. Treatment plan consists of the current request for OxyContin 10mg, Percocet 10mg-325mg, Ambien, Lidocaine patches, Tegaderm to cover patches in the shower and gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg (54 of 60 approved on 5/19/15) qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year. Pain (Chronic). Weaning, opioids (specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Percocet 10/325 qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year. Pain (Chronic). Weaning, opioids (specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Monitoring and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Ambien 12.5mg qhs qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers Compensation/Pain/ Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Lidocaine 5% patch qty: 60: 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 Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.

Tegaderm patch qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The rationale for a Tegaderm patch appears to be to assist in adhesion of the requested Lidocaine patch. Since the Lidocaine patch has been determined to be not medically necessary, the request for Tegaderm is not applicable and thus should be considered not medically necessary.

Gym membership (months) qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition, Treatment Index; Low Back (updated 02/20/12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Gym Memberships.

Decision rationale: ODG recommends gym memberships as a medical prescription only when a documented home exercise program attempt has failed and there is a need for equipment not available at home. The records in this case do not document such a situation, nor do the records document an alternate rationale for this request. Therefore, this request is not medically necessary.