

Case Number:	CM15-0149165		
Date Assigned:	08/12/2015	Date of Injury:	02/18/1992
Decision Date:	09/21/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 70 year old female who sustained an industrial injury on 02-18-1992. Mechanism of injury occurred when the injured worker was helping a patient off a table and the patient leaned hard against the injured worker. Diagnoses include status post L5-S1 fusion with residual bilateral L4-5 moderate to severe foraminal stenosis, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy left greater than right, reactionary depression-anxiety, status post spinal cord stimulator placement, spinal cord stimulator revision of new battery on 02-02-2010, medication induced gastritis, right knee severe degenerative joint disease, and right greater than left trochanteric bursitis-industrial related. Treatment to date has included diagnostic studies, medications, status post revision and implantation of a spinal cord stimulator on 02-05-2015, status post spinal surgery, and physical therapy. Her current medications include Ultracet, Voltaren gel, Prilosec and a Lidoderm patch. A physician progress note dated 05-29-2015 documents the injured worker continues with the use of her medications and spinal cord stimulator for very good paresthesia coverage in her lower back and to her lower extremities, and they enables her to be as functional as possible. She is able to actively participate in an outpatient physical therapy and can cook, clean and do light household chores with less pain. All of her urine drug screens have been consistent with her medications. On examination, there is cervical and lumbar decreased range of motion with tenderness along the right hip at the greater trochanteric region. There was also decreased sensation along the posterior thigh and posterior calf on the left in the proximal L4-5 distribution. The treatment plan included spinal cord stimulator was analyzed and reprogrammed and a follow up visit in 2 weeks. Treatment requested is for Lidoderm patch 1 daily as needed, Prilosec 20mg, Ultracet 37.5mg, and Zofran 4 mg daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-96, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The patient presents on 05/29/15 with lower back pain which improving following recent spinal cord stimulator revision. The patient's date of injury is 02/18/92. Patient is status post spinal cord stimulator revision/placement on 02/05/15, and status post laminectomy and L5-S1 fusion at a date unspecified. The request is for ULTRACET 37.5 MG. The RFA was not provided. Physical examination dated 05/29/15 reveals tenderness to palpation and decreased range of motion in the cervical spine with spasms noted in the paracervical muscles and trapezii bilaterally, and tenderness and reduced range of motion in the left shoulder. Lumbar examination reveals tenderness to palpation bilaterally with increased rigidity noted, positive straight leg raise test on the left, and decreased sensation along the posterior thigh and calf of the left lower extremity consistent with L4-L5 dermatomal distributions. The patient is currently prescribed Ultracet, Zofran, Prilosec, Lidoderm patches, Nucynta, Diovan, Levothyroxine, Sulfadiazine, and Methotrexate. Diagnostic imaging includes discussion of lumbar CT scan, dated 04/04/13, demonstrating "at L4-5 a 7mm right lateral spondylolisthesis which was similar to a prior CT study in January 2011. There was a Grade 1 anterolisthesis measuring 5mm which is minimal decreased from prior study in 2011." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Ultracet for the management of this patient's chronic pain, the requesting provider has not provided adequate documentation of efficacy. Addressing efficacy, progress note dated 05/29/15 has the following: "The patient reports that the current medical regimen which includes the spinal cord stimulator as well as her oral analgesic medications, enables her to be as functional as possible. She is able to cook, clean, and do light household chores with less pain... she is able to actively participate in an outpatient physical therapy and has noted slow but steady improvements in her overall strength, balance and endurance... she is routinely monitored for at risk behavior with random urine drug screens which have always been consistent with the current medical regimen. She has never requested early refills." MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening and a stated lack of aberrant behavior. In this case, the provider has adequately addressed three of the four criteria, but a careful review of the associated progress note does not include documentation of analgesia via a validated scale. While this patient presents with significant chronic pain complaints and surgical history, without complete documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 05/29/15 with lower back pain which improving following recent spinal cord stimulator revision. The patient's date of injury is 02/18/92. Patient is status post spinal cord stimulator revision/placement on 02/05/15, and status post laminectomy and L5-S1 fusion at a date unspecified. The request is for PRILOSEC 20MG. The RFA was not provided. Physical examination dated 05/29/15 reveals tenderness to palpation and decreased range of motion in the cervical spine with spasms noted in the paracervical muscles and trapezii bilaterally, and tenderness and reduced range of motion in the left shoulder. Lumbar examination reveals tenderness to palpation bilaterally with increased rigidity noted, positive straight leg raise test on the left, and decreased sensation along the posterior thigh and calf of the left lower extremity consistent with L4-L5 dermatomal distributions. The patient is currently prescribed Ultracet, Zofran, Prilosec, Lidoderm patches, Diovan, Levothyroxine, Sulfadiazine, and Methotrexate. Diagnostic imaging includes discussion of lumbar CT scan, dated 04/04/13, demonstrating "at L4-5 a 7mm right lateral spondylolisthesis which was similar to a prior CT study in January 2011. There was a Grade 1 anterolisthesis measuring 5mm which is minimal decreased from prior study in 2011." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, this medication is not necessary for the prevention of medication-induced gastritis as this patient's Ultracet is not substantiated for continuation. Per progress note dated 05/29/15, this patient required Prilosec for medication-induced gastritis and nausea secondary to Ultracet, and does document that Prilosec is effective at controlling these symptoms. However, the associated Ultracet is not substantiated owing to a lack of complete 4A's documentation, therefore continued use of Prilosec is unnecessary at this time. This request IS NOT medically necessary.

Zofran 4 mg daily as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: The patient presents on 05/29/15 with lower back pain which improving following recent spinal cord stimulator revision. The patient's date of injury is 02/18/92. Patient is status post spinal cord stimulator revision/placement on 02/05/15, and status post laminectomy and L5-S1 fusion at a date unspecified. The request is for ZOFRAN 4MG DAILY AS NEEDED. The RFA was not provided. Physical examination dated 05/29/15 reveals tenderness to palpation

and decreased range of motion in the cervical spine with spasms noted in the paracervical muscles and trapezii bilaterally, and tenderness and reduced range of motion in the left shoulder. Lumbar examination reveals tenderness to palpation bilaterally with increased rigidity noted, positive straight leg raise test on the left, and decreased sensation along the posterior thigh and calf of the left lower extremity consistent with L4-L5 dermatomal distributions. The patient is currently prescribed Ultracet, Zofran, Prilosec, Lidoderm patches, Diovan, Levothyroxine, Sulfadiazine, and Methotrexate. Diagnostic imaging includes discussion of lumbar CT scan, dated 04/04/13, demonstrating "at L4-5 a 7mm right lateral spondylolisthesis which was similar to a prior CT study in January 2011. There was a Grade 1 anterolisthesis measuring 5mm which is minimal decreased from prior study in 2011." Patient's current work status is not provided. MTUS guidelines are silent on antiemetic medications, though ODG guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea) has the following: "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In regard to Zofran for this patient's nausea secondary to opiate use, this medication is not supported by guidelines for chronic opioid-induced nausea and this patient's narcotic medications are not substantiated for continued use. Per progress note dated 05/29/15 this patient is prescribed Zofran for post-surgical nausea and nausea secondary to narcotic medications. However, guidelines do not support the use of this medication for nausea and vomiting secondary to chronic opioid use and this patient's most recent surgical procedure (spinal cord stimulator revision) was completed in February. Without a clearer rationale for this medication's utilization outside of opioid-induced nausea, or a recent/planned surgical procedure, medical necessity cannot be substantiated. The request IS NOT medically necessary.

Lidoderm patch 1 daily as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 57.

Decision rationale: The patient presents on 05/29/15 with lower back pain which improving following recent spinal cord stimulator revision. The patient's date of injury is 02/18/92. Patient is status post spinal cord stimulator revision/placement on 02/05/15, and status post laminectomy and L5-S1 fusion at a date unspecified. The request is for LIDODERM PATCH 1 DAILY AS NEEDED. The RFA was not provided. Physical examination dated 05/29/15 reveals tenderness to palpation and decreased range of motion in the cervical spine with spasms noted in the paracervical muscles and trapezii bilaterally, and tenderness and reduced range of motion in the left shoulder. Lumbar examination reveals tenderness to palpation bilaterally with increased rigidity noted, positive straight leg raise test on the left, and decreased sensation along the posterior thigh and calf of the left lower extremity consistent with L4-L5 dermatomal distributions. The patient is currently prescribed Ultracet, Zofran, Prilosec, Lidoderm patches, Diovan, Levothyroxine, Sulfadiazine, and Methotrexate. Diagnostic imaging includes discussion of lumbar CT scan, dated 04/04/13, demonstrating "at L4-5 a 7mm right lateral spondylolisthesis which was similar to a prior CT study in January 2011. There was a Grade 1 anterolisthesis measuring 5mm which is minimal decreased from prior study in 2011." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment guidelines, page 57 under Lidoderm (Lidocaine patch) states: "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regard to the request for Lidoderm patches for this patient's chronic lower back pain, such patches are not indicated for this patient's chief complaint. Per progress note dated 05/29/15, this patient reports the efficacy of Lidoderm patches in the past, noting the reduction of pain and opiate medications when used. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with a history of lumbar surgery and presents with lower back pain with a neuropathic component in the lower extremities, not a localized neuropathic pain amenable to Lidocaine patches. Owing to a lack of guideline support for this patient's chief complaint, the use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.