

Case Number:	CM15-0181952		
Date Assigned:	09/23/2015	Date of Injury:	03/20/2009
Decision Date:	12/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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: Family Practice

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 30 year old female who sustained an industrial injury on 03-20-2009. According to a progress report dated 08-25-2015, the injured worker had a spinal cord stimulator implant. She reported pain in the left leg that involved the left knee and left hip. She reported that her head and neck felt heavy and excruciating pain was noted. The provider noted that the cause of worst pain was related to the diagnosis of complex regional pain syndrome. She obtained 90% pain relief and functional improvement with decreased medication requirement from a lumbar sympathetic block on 07-20-2015. Since her last visit, she reported ongoing back pain, headaches, increased neck pain and stiffness. She received authorization for a nerve block and was scheduled to undergo the procedure on 08-26-2015. Pain score without medications was rated 9 on a scale of 1-10 and 3 with medication. Current pain was rated 4. Medications were keeping her functional allowing for increased mobility and tolerance of activities of daily living and home exercises. No side effects were noted. Current medications included Norco, 10-325 mg one every day as needed for severe pain, Tylenol with Codeine #4 300-60 mg one every 8 hours as needed for pain, Methocarbamol, Gralise, Lidoderm 5% patch, Robaxin, Cymbalta and Diazepam. Physical examination demonstrated abnormal heel and toe walking on the left. Gait was antalgic. Left leg examination demonstrated allodynia diffusely with left foot temperature colder compared to the right. Right leg examination demonstrated skin discoloration with bluish tint. The skin temperature was cold with hyperalgesia and allodynia with nail changes. Prescriptions were provided for Norco, Tylenol with Codeine #4 and Lidoderm 5% patch. Assessment included status post spinal cord stimulator implant, degenerative joint disease left

knee and reflex sympathetic dystrophy of the lower limb. The provider noted that urine drug toxicology and CURES reports were appropriate. Treatment authorization requests included follow up in 4 weeks, renew Norco, Tylenol with Codeine, Lidoderm and Gralise, repeat lumbar sympathetic block, continued psychiatric care; 6-8 hours home attendant Monday-Friday to assist with bathing, food prep and safety, walker with a quick sit chair and grab bars. Prognosis was fair. Documentation shows that Tylenol #4 was prescribed dating back to 03-19-2015 and that Norco was prescribed dating back to 07-28-2015 a urine toxicology report dated 03-19-2015 was negative for opioids and positive for ethyl glucuronide. On 09-04-2015, Utilization Review modified the request for continued psychiatric care and non-certified the request for home attendant Monday-Friday 6-8 hours, grab bars installed throughout the house bathrooms, hallways and transition areas, Norco 10-325 mg #5, Tylenol with Codeine #4 quantity 90 x 2 and Lidoderm 5% patch #30 x 2 and certified the request for repeat 3rd lumbar sympathetic block and walker with a quick sit chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued psychiatric care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

Decision rationale: The MTUS/ACOEM Guidelines comment on the follow-up for stress-related conditions. These guidelines state that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. In this case, there is insufficient documentation provided in the medical records in support of "continued psychiatric care." There is no rationale provided in the request to indicate the indications for ongoing psychiatric care as well as the long term treatment goals. In the Utilization Review process the request was modified to allow for one follow-up visit to help establish the rationale for ongoing psychiatric care along with specific treatment goals. This action is consistent with the above cited MTUS/ACOEM guidelines. For this reason, continued psychiatric care, at this time, is not medically necessary.

Home attendant M-F 6-8 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services, to include the use of a home attendant. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, there is no evidence that the patient is homebound. Given that there is no evidence the patient is homebound, there is no justification for the use of a home attendant for 6-8 hours/day from Monday through Friday. This service is not medically necessary.

Grab bars installed throughout the house bathrooms, hallways and transition areas:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee Section: Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines comment on durable medical equipment, such as grab bars. These devices are generally recommended if there is a medical need. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. In this case, there is insufficient information in the medical records to justify the use of grab bars installed throughout the house. No specific rationale is provided or is there an assessment for an assisted walking device. For these reasons, grab bars installed throughout the house bathrooms, hallways and transitions areas is not medically necessary.

Norco 10/325mg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco 10/325mg is not medically necessary.

Tylenol with codeine #4 #90 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tylenol #4. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally; the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Tylenol #4 is not medically necessary.

Lidoderm 5% patch #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including lidocaine. These agents are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These first-line agents include (tricyclic or SNRI anti-depressants or an antiepilepsy drug such as gabapentin or Lyrica). In this case, there is insufficient evidence in the medical records to indicate that the patient is being treated for a neuropathic condition. Further, assuming that Lidoderm is being used for a neuropathic condition, there is insufficient evidence that the patient has received adequate trials of the above cited first-line agents, e.g. a tricyclic or SNRI antidepressant or an antiepilepsy drug. For these reasons, a Lidoderm patch is not medically necessary.

