MAXIMUS Federal Services

Case Number:	CM15-0203278		
Date Assigned:	10/20/2015	Date of Injury:	04/25/2001
Decision Date:	12/29/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

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 67 year old male, who sustained an industrial-work injury on 4-25-01. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discopathy, right hip Paget's disease with sprain and strain and status post total hip arthroplasty. Treatment to date has included pain medication, Gabapentin, Lidoderm patches, Celebrex and Norco since at least 3-3-15, physical therapy, aqua therapy, orthopedic shoes, activity modification and other modalities. The treating physician indicates that the urine drug test result dated 6-17-15 was consistent with the medication prescribed. Medical records dated (3-25-15 to 9-2-15) indicate that the injured worker complains of ongoing pain in the low back and lower extremities with problems to the hips that radiate to the bilateral lower extremities (BLE). The pain is rated 8-9 out of 10 on the pain scale which is unchanged. Per the treating physician report dated 9-2-15 work status is permanent and stationary. The physical exam dated 9-2-15 reveals that he has a severe antalgic gait, there is painful and reduced range of motion of the lumbar spine, and there is inability to do heel toe maneuver due to pain in the back and leg weakness. He has 40 degrees of straight leg raise with pain; there is spasm on range of motion with end range pain. There is decreased L5-S1 sensation to the bilateral lower extremities (BLE) with pinprick. The physician indicates that he has a positive electromyography (EMG) -nerve conduction velocity studies (NCV) findings from May suggesting overlying polyneuropathy from his diabetes as well as underlying L5 radiculopathy bilaterally which imaging correlation is recommended and therefore a request for the lumbar Magnetic Resonance Imaging (MRI). The requested services included MRI of the lumbar spine, Physical therapy 2 times a week for 4

weeks, Celebrex 200mg #90 with 3 refills, Norco 10-325mg #90 and Lidoderm 5% patch #2 boxes with 3 refills. The original Utilization review dated 9-21-15 non-certified the request for MRI of the lumbar spine, Physical therapy 2 times a week for 4 weeks, Celebrex 200mg #90 with 3 refills, Norco 10-325mg #90 and Lidoderm 5% patch #2 boxes with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute (20th annual edition) 2015, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The Medical Treatment Utilization Schedule (MTUS) addresses lumbar spine MRI magnetic resonance imaging. Radiography should be the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. This patient does not meet those criteria based on the medical records submitted. Therefore, based on the submitted medical documentation, the request for MRI of the lumbar spine is not medically necessary.

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99 Physical Therapy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state that practitioners should, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional number of sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Furthermore, the

outcome and functional improvement level of prior therapy sessions is not documented in the medical records submitted to justify further therapy. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

Celebrex 200mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Celebrex prescription has not been established.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Lidoderm 5% patch #2 boxes with 3 refills: Overturned

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

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

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does show that this patient was tried and is on these recommended first line treatments. Due to persistent pain, use of a topical lidoderm patch is indicated. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is medically necessary.