MAXIMUS Federal Services

Case Number:	CM14-0149139		
Date Assigned:	09/18/2014	Date of Injury:	01/26/2006
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spine Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations..

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 claimant is a 45 year-old male with a history of a work injury occurring on 01/26/06 when, while working as a traffic officer he sustained a back injured when he was struck by a car door frame. He has a history of a DVT. He underwent a lumbar spine fusion on 09/24/13. Admission medications were gabapentin and Tylenol. While hospitalized he had a postoperative ileus requiring treatment in an ICU and had urinary retention treatment with Flomax.On 11/27/13 he was two months status post surgery. He was continuing to use a cane and a back brace. He was having abdominal pain and psychiatric symptoms including mental stress. There were expected postoperative findings. An internal medicine consult was requested. He was continued out of work.He was seen by the requesting provider on 01/15/14. He was having ongoing low back pain radiating into the lower extremities with numbness, tingling, and burning. There had been an improvement when taking Lyrica with a decrease in pain to 5/10. Physical examination findings included ambulating with a cane, decreased lumbar spine range of motion, and decreased lower extremity strength and sensation. There was lumbar paraspinal muscle tenderness. Flomax and Lyrica were prescribed. He was seen for neurosurgical follow-up on 01/17/14. There had been a 50% improvement after the fusion. There were expected postoperative findings. On 01/28/14 he had complaints of sexual dysfunction with numbness of the penis and inability to obtain an erection. He had had difficulty with urination and had required urinary catheterization two times. These symptoms had resolved with Flomax. On 02/19/14 he was having persistent low back pain rated at 8/10, decreased with Lyrica to 5/10. He was taking Tylenol number three as needed. Recommendations included beginning physical therapy. Tylenol number three, Flomax, and Lyrica were prescribed.On 03/12/14 he was having low back pain rated at 5/10 and neck, shoulder, knee, and foot pain. He had stopped taking Tylenol with codeine. Lyrica is referenced

as controlling neuropathic upper and lower extremity pain. He was referred for physical therapy. Flomax, Lyrica, and ibuprofen were prescribed. On 03/14/14 he had been approved for physical therapy. Urine drug screening was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine creame 3/5%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, p60 (2) Topical Analgesics, Page(s): 111-113.

Decision rationale: The claimant is more than 8 years status post work-related injury and underwent a lumbar spine fusion in September 2013. He continues to be treated for radiating low back pain including neuropathic lower extremity pain and neck, shoulder, knee, and foot pain.Although topical lidocaine could be recommended for localized peripheral pain, this claimant does not have localized pain and it is therefore no recommended. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, Diclofenac/Lidocaine cream was not medically necessary.

Lyrica 50 mg quantity #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain Page(s): 60.

Decision rationale: The claimant is more than 8 years status post work-related injury and underwent a lumbar spine fusion in September 2013. He continues to be treated for radiating low back pain including neuropathic lower extremity pain and neck, shoulder, knee, and foot pain.Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. The dose being prescribed is consistent with that recommended and is therefore medically necessary.

Flomax 0.4mg quantity #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre for Acute

and Chronic Conditions, Lower urinary tract symptoms; National Institute for Health and Clinical Excellence (NICE), 2010 May, Page 34

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Urinary Retention in Adults: Diagnosis and Initial Management. Am Family Physician. 2008 Mar 1;77 (5):643-650.

Decision rationale: The claimant is more than 8 years status post work-related injury and underwent a lumbar spine fusion in September 2013. He is being treated with Flomax due to urinary retention which was a post-operative complication not uncommonly seen after surgical procedures. Flomax is indicated for the treatment of benign prostatic hypertrophy and is used "off label" for the short-term treatment of post-operative urinary retention. In this case, the claimant's urinary retention resolved and the ongoing prescribing of Flomax is not medically necessary.