

Case Number:	CM14-0091912		
Date Assigned:	08/06/2014	Date of Injury:	10/23/2003
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; opioid therapy; and transfer of care to and from various providers in various specialties; earlier lumbar laminectomy; implantation of a pain pump; implantation of a spinal cord stimulator; and ulnar nerve release surgery. In a utilization review report dated May 16, 2014, the claims administrator approved a request for Cymbalta, Lyrica, VESicare, Prilosec, and Dilaudid while denying Valium, AcipHex, Topamax, butorphanol, clonidine, Lidoderm, Zofran, Remeron, grab bars, a motorized scooter, handicap van, x-rays of the bilateral knees, and a home health aide. The applicant's attorney subsequently appealed. On February 24, 2014, the applicant's psychologist noted that the applicant had ongoing complaints of depression and anxiety. The applicant was using Morphine, tizanidine, Ambien, Xanax, Cymbalta, and pain patches, it was acknowledged. The applicant reportedly complained to the attending provider that the caregiver had been denied by the claims administrator. On March 10, 2014, the applicant was described as having made no progress or change in terms of performance of activities of daily living such as personal care, household activities, recreational activities, medical activities, or financial activities. The applicant had made only slight improvement in terms of communication. The applicant remained depressed, fatigued, and frustrated. The applicant had reportedly fallen on several occasions. The applicant stated that his cousin was helping him to prepare meals. The applicant was having a variety of issues associated with anxiety, depression, and sadness and having inadequate home help. The applicant was using Morphine, tizanidine, Ambien, Xanax, Cymbalta and unspecified pain patches it was stated at this point in time. One of the stated diagnoses include major depressive disorder, anxiety

disorder, sleep disturbance, pain disorder, and opioid dependence. In a pain management note of April 24, 2014, the applicant reported persistent complaints of low back pain, 5/10. The applicant was using intrathecal Morphine and intrathecal Dilaudid, it was stated. The applicant was using a spinal cord stimulator. The applicant was described as "totally permanently disabled." The applicant had multiple dental caries, it was noted. The applicant was also employing oxygen via nasal cannula, it was stated and apparently required assistance with activities of daily living as basic as bathing, dressing, and grooming. The applicant had issues with transportation, it was stated. The attending provider stated that the applicant required a full-sized handicap type van such as Chevy passenger van, it was stated. Authorization for sought for home health services, 8 hours a day, five day a week for activities of daily living such as meal preparation, bathing, and dressing. A handicap van, x-rays of the knees, intrathecal clonidine, oral Dilaudid, grab bars, and a motorized scooter were sought. It was stated that the applicant was at fall risk and therefore needed grab bars near his sink tub and bathroom. Prescriptions for Remeron, Prilosec, Zofran, Dilaudid, VESicare, Lidoderm, topical compounds, and oral clonidine were endorsed along with Lyrica, VESicare, butorphanol, Topamax, Cymbalta, AcipHex and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do acknowledge that anxiolytic such as Valium may be appropriate for brief periods, in cases of overwhelming symptoms, so as to facilitate an applicant's achieving a brief remission in emotional or physical recourses, in this case, however, it appears that the applicant is intent on employing Ambien for nightly use purposes, for long-term, scheduled, and/or daily use purposes, for depression, anxiety, and insomnia. This is not an approved indication for Valium, per ACOEM. Therefore, the request is not medically necessary.

Aciphex 20mg #30: 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 GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitor such as AcipHex are indicated to combat issues

with NSAID-induced dyspepsia, in this case, however, there was no explicit mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, made on the April 24, 2014 office visit in question. Several other progress notes, also referenced, but again made no mention of the active issues with reflux, heartburn, and/or dyspepsia for which ongoing usage of AcipHex would be indicated. Therefore, the request is not medically necessary.

Topomax 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21, 7.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Topamax or topiramate can be considered for use of neuropathic pain when other anticonvulsants fail, in this case, however, the request in question represents a renewal request for Topamax. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, ongoing usage of Topamax has failed to generate any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant remains off of work. The applicant has been deemed permanently and totally disabled. The applicant is having difficulty performing even basic activities of daily living such as standing and walking, despite ongoing topiramate or Topamax usage. The applicant remains highly dependent on a variety of oral and intrathecal opioids. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Topamax usage. Therefore, the request is not medically necessary.

Butorphanol NS 10mg/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria of continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed permanently and totally disabled. The applicant is having difficulty performing even basic activities of daily living such as dressing, bathing, cooking, cleaning, ambulating, etc. The attending provider has not outlined any tangible decrements in pain achieved as a result of ongoing butorphanol usage. Therefore, the request is not medically necessary.

Clonidine 0.1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Clonidine Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of clonidine usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that clonidine is indicated in the treatment of hypertension. In this case, the attending provider did not clearly outline any diagnosis of hypertension on the April 24, 2014 office visit to support provision of clonidine. The applicant's blood pressure was not measured on this office visit. It appears that clonidine is being employed for some non FDA labeled purpose, such as possibly for anxiety. The attending provider has not, however, outlined any specific rationale or medical evidence to support such usage. Therefore, the request is not medically necessary and appropriate.

Lidoderm 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 7, 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic in applicants in whom there has been trial first line therapy with antidepressants and/or anticonvulsants, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant's failure to return to any form of work and continued dependence on several opioid agents both oral and intrathecal, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.

Topical Analgesic Cream; Lidocaine/gabapentin, Ketoprofen/Capsaisin/Menthol (6/10/10): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

Decision rationale: As noted as page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, one of the ingredients in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Zofran usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA approved purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron or Zofran is approved in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, the attending provider did not state for what purpose ondansetron or Zofran was being furnished. The attending provider did not, furthermore, outlined any active symptoms of nausea and/or vomiting on the April 24, 2014 office visit, which would support possible provision of Zofran. No rationale for selection and/or ongoing usage of the same was furnished by the attending provider. Therefore, the request is not medically necessary and appropriate.

Remeron #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402, 47.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, it appears that the applicant has been using Remeron, an antidepressant medication, for what appeared to be a span of several months. There has been no demonstration of any tangible improvements from a mental health perspective through ongoing usage of Remeron. The applicant is off of work. The applicant has been deemed permanently and totally

disabled, it is stated. The applicant remains depressed and anxious. Moreover, the applicant's psychologist noted on several office visits referenced above. Page 47 of the ACOEM Practice Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined any specific benefits or improvement achieved through ongoing usage of Remeron. The fact that the applicant continues to have significant mental health issues and remains off of work, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Remeron. Therefore, the request is not medically necessary and appropriate.

Grab bars near sink and bathtub in home bathroom.: 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 Treatment topic Page(s): 40.

Decision rationale: While the MTUS do not address the topic of ergonomic modification to an applicant's home for the applicant's primary diagnosis of chronic low back pain, page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does seemingly support ergonomic "modifications at home and work" in applicants with mobility issues associated with CRPS. Thus, the grab bars in question could have been supported by analogy if there was evidence that the applicant had some significant gait derangement and/or transferring issues present, in this case, however, the requesting provider did not outline any gait deficits on the April 24, 2014 office visit, while the applicant was apparently exhibiting pain in the exam room, while lying on the examination table, however, the attending provider did not outline or state why the applicant needed these grab bars. No compelling case or basis for the grab bars in question was stated by the attending provider. Therefore, the request is not medically necessary and appropriate.

Motorized scooter.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices, such as motor scooter in question are not recommended if an applicant's functional mobility deficit can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. In this case, however, the attending provider did not outline the applicant's gait deficits on the April 24, 2014 office visit. It appears that the attending provider suggested that the applicant use a motorized scooter owing to pain complaints. However, the MTUS Guideline in ACOEM Chapter 12, page 301 suggests making every attempt to maintain an applicant at maximal levels of activity. Provision of the scooter, thus, would

counter to ACOEM principles as, by implication, it would result in the applicant's minimizing activities such as ambulating. Therefore, the request is not medically necessary.

Specialized handicap van which can hold a gurney.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83, 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, several of which includes staying active, increasing activity, and making and keeping appointments. The specialized handicap van being sought, thus, per ACOEM, is a matter of applicant responsibility as opposed to a matter of payor responsibility as ACOEM states that applicants must take responsibility for making and keeping appointments. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 301, suggests making every attempt to maintain the applicant at maximum levels of activity. Provision of the specialized handicap van, then, would run counter to MTUS parameters and principles as it would result in the applicant's minimizing activity, including ambulating. It is further noted the attending provider seemingly initiated the request in question on the grounds that the applicant was having persistent complaints of low back pain and did not outline any specific functional mobility deficits on the April 24, 2014 office visit. Therefore, the request is not medically necessary and appropriate.

X-Rays bilateral knees: 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, X-Ray imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, Routine radiographic films for most knee complaints is "not recommended." In this case, the attending provider did not outline why plain films radiographs of the knees were indicated here. The attending provider did not state what was sought. The attending provider did not state what items were on the differential diagnosis. It was not stated, for instance, that the attending provider was ordering the knee x-rays to search for knee arthritis. It was not stated how the knee x-rays in question would have altered the treatment plan. Rather, it appeared that the attending provider was, in fact, performing routine x-rays of the knees without any specific intention of acting on the same. This is not recommended, per ACOEM. Therefore, the request is not medically necessary and appropriate.

Home health aide care, 8 hours a day 5 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Heath Services topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are home bound. In this case, the attending provider has indicated that the home health services/home health aide in question is intended for the purposes of meal preparation, bathing, dressing, transportation, etc. Such services specifically not covered stand-alone services as they do not represent medical treatment as defined on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary and appropriate.