

Case Number:	CM14-0212880		
Date Assigned:	01/13/2015	Date of Injury:	05/19/2001
Decision Date:	02/28/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 2001. In a Utilization Review Report dated December 7, 2014, the claims administrator partially approved a request for Tylenol No. 3, denied a request for gabapentin outright, conditionally denied aquatic therapy, denied a weight loss program, denied a wheelchair, and denied home health assistance. The claims administrator referenced a November 5, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 20, 2014, the applicant reported anger, agitation, depression, and irritability. The applicant was continued on antidepressant medications. The applicant was unable to get her Norco and gabapentin refilled, it was stated. The applicant exhibited a visibly depressed affect. Lexapro, Ativan, and Prilosec were endorsed. In separate RFA form dated November 6, 2014, the attending provider sought authorization for home help service five days a week, four hours a day, a [REDACTED] Weight Loss Program, a Toradol injection, and a wheelchair. In an associated progress note dated November 5, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant exhibited an antalgic gait. The applicant was receiving physical therapy. The applicant stood 5 feet 5 inches tall and weighed 229 pounds. The applicant exhibited an antalgic gait but was not using a cane, crutch, walker, or other assistive device, it was noted on this occasion. Surgical scar was noted about the lumbar spine region, consistent the applicant's history of prior lumbar spine surgery. The attending provider stated that previously prescribed Norco was not beneficial and suggested introduction of Tylenol No. 3. A weight loss program

was suggested. The applicant was given a Toradol injection in the clinic. The attending provider stated that the applicant stood 5 feet 5 inches tall and weighed 225 pounds. Tylenol No. 3, Flexeril, and Neurontin were endorsed. The applicant was given three refills of Neurontin. It was suggested that Neurontin and Flexeril represented renewal request while Tylenol No. 3 was the first-time request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Medications for Chronic Pain Page(s): 35, 60.

Decision rationale: While page 35 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that codeine can be employed in combination with Tylenol (AKA Tylenol with Codeine) and other products of treatment for mild-to-moderate pain, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect a trial should be given for each analgesic medications and also to the effect that analgesic medications generally show effects within one to three days. Here, however, the attending provider furnished the applicant with a lengthy, four-month supply of Tylenol No. 3, without any proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before moving forward with such a large supply of Tylenol No. 3, particularly in light of the fact that earlier opioid agents, including Norco, had in fact proven unsuccessful. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, the applicant was/is off of work. Ongoing usage of gabapentin has failed to curtail the applicant dependence on opioid agents such as Norco and, now, Tylenol No. 3. All of the foregoing, taken together, coupled with the fact that the attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing gabapentin usage,

suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

1 [REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann intern Med 2005 Apr 5; 142 (7): 525-31

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as weight loss, smoking cessation, and improving applicant fitness, may be "less certain, more difficult, and possibly less cost effective." Here, the attending provider did not outline a clear rationale for pursuit of the weight loss program in the face of the tepid-to-unfavorable ACOEM position on the same. The attending provider did not clearly state what efforts the applicant had made to try and lose weight of her own accord. A duration for the weight loss program at issue was not furnished. Therefore, the request is not medically necessary.

1 Standard wheelchair: 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), Knee and Leg (Acute and Chronic)

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functionality mobility deficit is such that it can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 301 notes that making every attempt to maintain an applicant at maximum levels of activity, including work activities, is recommended. Here, the applicant was independently ambulatory, it was suggested on a progress note of November 6, 2014, referenced above. The applicant was not using a cane, crutch, walker, or other assistive device. The applicant did apparently exhibit an antalgic gait, reportedly secondary to pain. It does not appear, thus, that provision of a standard wheelchair is essential for the applicant's care. Provision of the wheelchair, furthermore, would likely minimize rather than maximize the applicant's overall level of activity, and, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

1 Home health assistance 5 days a week for 4 hours per day for unknown number of weeks: 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 (Chronic)

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

Decision rationale: The attending provider stated in his RFA form of November 5, 2014 that he intended for the applicant to receive home health services for the purposes of furnishing the applicant with "home help" in terms of performance of activities of daily living, such as cooking, cleaning, and the like. Such services, however, do not constitute medical treatment for which Home Health Services could be employed, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.