

Case Number:	CM14-0040959		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2012
Decision Date:	01/29/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 41 year old female with an injury date of 02/15/12. Per reports from 02/18/14 by [REDACTED] 02/28/14 by [REDACTED] and the 01/31/14 report by [REDACTED] the patient presents with ongoing neck, mid and low back pain rated 7-8/10 along with left hip and bilateral knee pain. There is numbness in both hands and radiation of pain and numbness down the bilateral legs into the feet. She also presents with abdominal pain due to pain medications. She is temporarily totally disabled. Examination reveals tenderness to palpation of the cervical, thoracic and lumbar paraspinals with positive facet challenge on the left. Lumbar, thoracic and cervical range of motion is decreased in all planes and there is decreased sensation in the left L4, L5, S1 dermatomes. Straight leg raise is positive left. There is tenderness to palpation over the left greater trochanter as well as tenderness to palpation of the epigastrium. Examination also shows positive tenderness about the medial joint lines of the bilateral knees with positive pain patellofemoral crepitus with motion of the left knee. Range of motion of the left hip is limited by pain. There is tenderness to palpation over the left bursa and pain in the groin with range of motion, left hip. The following tests are positive: Faber, Gaenslen's, compression, and distraction. Her gait is mildly antalgic. Review of 10/04/13 MRI lumbar by [REDACTED] states Degenerative joint disease and facet arthropathy at L4-5 and L5-S1 and L5-S1 lateral protrusion. The patient's diagnoses include: 1. Facet arthropathy of the lumbar spine 2. HNP of the lumbar spine 3. Chronic pain syndrome 4. GERD 5. Abdominal pain (epigastric) 6. Taking high risk medication 7. Medication induced gastritis 8. Anemia 9. Left SI joint dysfunction 10. Left hip DJD 11. Left Knee DJD 12. Bilateral Knee chondromalacia patella The patient received left SI joint injection 02/07/14 without benefit and she reports a 09/06/13 diagnostic MBB left L4-5 and L5-S1 with slight (20%) improvement. Medications are listed as Cymbalta, Omeprazole and Norco. Gabapentin is not yet started and awaiting authorization, and there is a request for

Docuprene. The utilization review being challenged is dated 04/01/14. Reports were provided from 07/25/13 to 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4oz: 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 Creams - Chronic Pain Page(s): 111-113.

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Back pain radiates to the bilateral legs down to the feet. The current request is for Lidopro Topical Ointment 402 per 02/18/14 report. MTUS guidelines page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The 02/18/14 report states the patient was provided with this medication to decrease pain, increase function and decrease the amount of opiates needed. It appears that the patient is just starting this medication. In this case, Lidopro contains lidocaine which is approved only in patch form per MTUS. Therefore, the request IS NOT medically necessary.

Cymbalta 30mg.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43, 44.

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Back pain radiates to the bilateral legs down to the feet. The treater requests for Cymbalta 30 mg per report of 02/18/14. This medication shows on reports as early as 10/01/13. The utilization review of 04/01/14 states this request was modified to 1 month supply, "... with indication that if subsequent review lacks ongoing efficacy (measurable subjective and /or functional benefit with prior use), then this supply should be used for downward titration and complete discontinuation, due to non-compliance to medication guidelines." Reports show the treater requested for one p.o. q. day; however, no quantity is stated. Apparently, the utilization review had changed this unknown quantity to 30. MTUS pp 43, 44 state that Duloxetine (Cymbalta) Recommended as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The 02/14/14 report states,

"She does report good pain control with Cymbalta and Norco for severe pain." The reports document neuropathic pain in this patient for which the requested medication is indicated, and the treater states that the medication helps the patient. The request IS medically necessary.

Terocin Patch: 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 Page(s): 111-113.

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. The treater requests for Terocin Patches per 02/ 18/14 report. Reports show the patient used this medication as early as 10/01/13. The MTUS guidelines p112 on topical lidocaine states, Neuropathic pain: "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." When reading ODG guidelines, it is recommended for neuropathic pain that is localized and peripheral. The 01/21/14 report states this medication decreases the patient's pain slightly; however, the treater does not discuss the intended use of the medication. In this case, the patient presents with bilateral knee pain and is diagnosed with Degenerative Joint Disease and chondromalacia patella. There is no clear documentation provided that indicates that the patient has localized, peripheral neuropathic pain. The request does not meet the ODG guidelines and IS NOT medically necessary.

Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for use of Opioids Page(s): 60,61;76-78; 88, 89.

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain rated 7-8/10. Pain radiates down the bilateral legs to the feet. The treater requests for NORCO 5/325 mg per 02/18/14 report. This medication has been prescribed since at least 09/04/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 02/14/14 report states, "She does report good pain control with Cymbalta and Norco for severe pain. She reports that she gets sleepy and has an increase in her GI upset with Norco." The reports show that the patient's pain is routinely assessed through the use of pain scales. Reports from 09/20/13 to 02/18/14 with one exception rate the patient's pain as 7-8/10. Questionnaires are provided that

show the effect of pain on the patient's activities and function; however, this information does not show a significant change with use of this medication. Opiate management issues are not fully addressed. The 02/14/14 report does cite a 01/21/14 CURES report and states that results are consistent; however, no Urine Toxicology reports are provided or discussed. The treater does discuss side effects of Norco, but there is no discussion of adverse behavior. No outcome measures are provided. Furthermore, the consistently reported pain from 7-8/10 does not appear to warrant continued use of long-term opiates. The request IS NOT medically necessary.

Pain Psychology Evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Pain radiates down the bilateral legs to the feet. The treater requests for PAIN Psychology Evaluation per 02/14/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The treater states evaluation by a pain psychologist is recommended to assist with pain modification behaviors. The patient is documented with chronic pain and as having failed treatment with medial branch blocks, SI joint injections, chiropractic treatment, acupuncture and multiple medications including opiates. Consult for psychological factors is supported by ACOEM guidelines Given the patient's multiple clinical problems, and complaints of continued pain, the request is reasonable and IS medically necessary.

Follow-up with general orthopedic specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Office Visits, Evaluation and Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Pain radiates down the bilateral legs to the feet. The treater requests for, Follow up with General Orthopedic Specialist per 02/14/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health

practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Reports are included from multiple treaters including for: pain management, internal medicine and spine specialist. On 02/26/14 primary treating physician [REDACTED] Spine and Orthopedics, states the patient wants to see [REDACTED] regarding General Orthopedic complaints at this time. The treater further states that follow up with [REDACTED] is requested to discuss the patient's knee surgery. On 02/14/14 [REDACTED] pain management, states the patient should "continue" with general orthopedic consultations with [REDACTED]. No reports from [REDACTED] are included. In this case, the reports show the primary treater documents the patient's back and not the patient's knee. It appears that the patient may benefit from additional expertise regarding surgical treatment of her knee. The request IS medically necessary.

Follow-up with spine specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Office Visits, Evaluation and Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Pain radiates down the bilateral legs to the feet. The treater requests for Follow up with Spine Specialist per 02/14/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 02/14/14 report states, "The patient should proceed with follow up with [REDACTED] to review the recent lumbar CT scan." The 03/05/14 report by [REDACTED] cites a 02/13/14 CT scan lumbar. In this case, it appears the patient is receiving care from multiple treaters for multiple clinical problems. The reports show a CT scan lumbar has been authorized for the patient and follow up is requested for the patient to consult. This request appears reasonable and is supported by the ACOEM guidelines. The request IS medically necessary.

Follow-up with general practioner: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Office Visits, Evaluation and Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Pain radiates down the bilateral legs to the feet. The treater requests for Follow up with General Practitioner per 02/18/14 report. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 02/18/14 report states, "She should follow up with Dr. M2 for her reported GI upset." The 02/24/14 report by Dr. M2 states, "It is my professional medical opinion that present complaints of GI upset and constipation are related to the medication prescribed for treatment of back pain..." This report further states that a combination of lifestyle, dietary modifications, and needed antacid use is recommended along with weight loss as obesity is a risk factor for GERD. Follow up is set for 16 weeks to monitor response to therapy. In this case, the reports show the patient is being treated for GERD, abdominal pain, gastritis and anemia by Dr. M2, general practitioner. She is also being treated by specialists for orthopedic complaints. It appears that the patient's course of care may benefit from this expertise and is supported by ACOEM guidelines. The request IS medically necessary.

8 sessions of aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; physical medicine Page(s): 22; 98-99.

Decision rationale: The patient presents with pain in the neck, mid to low back, bilateral knees, and left hip as well as abdominal pain. Pain radiates down the bilateral legs to the feet. The treater requests for 8 SESSIONS OF AQUATIC THERAPY per 02/18/14 report. MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". MTUS non-postsurgical guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater states on 02/18/14, "She has failed medial branch blocks, SI joint injections, chiropractic treatment, acupuncture, and multiple medications. I believe that she may benefit from aquatic therapy 1-2 times a week for 4-6 weeks for 8 sessions in total, to hopefully decrease pain and increase activity." There is no mention of prior surgery for this patient, and there is no evidence the patient is within a post-surgical treatment period. There is no evidence of prior physical therapy. The patient is documented to have knee and hip problems and the treater is requesting for a general orthopedic specialist so the patient may consult regarding knee surgery. Reports also show the patient is recommended to lose weight to assist the treatment of GERD. These may explain why reduced weight bearing exercises are needed; however, the treater does not state this or explain why land based therapy is not adequate. The treater also states a home exercise program is encouraged, but does not

discuss why home exercise is no longer adequate. In this case, lacking a clear statement for the need for aquatic therapy, the request IS NOT medically necessary.