

Case Number:	CM15-0117587		
Date Assigned:	06/25/2015	Date of Injury:	11/07/2005
Decision Date:	09/23/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 11/07/2005. She reported a fall with injury to the back. She is status post two lumbar spine surgeries. Diagnoses include chronic cervical sprain, lumbar radiculopathy; status post lumbar fusion, chronic pain syndrome, myofascial syndrome, pain related insomnia and depression. Treatments to date include lumbar epidural steroid injections. Currently, she complained of pain in the tailbone and bilateral sacroiliac joints. There was report of repeated episodes of the legs giving out causing falls. On 5/20/15, the physical examination documented the cervical spine, lumbar spine, and bilateral sacroiliac joints were noted as tender with decreased range of motion. There was a positive Spurling's sign bilaterally, positive FABER and Patrick's sign and a positive straight leg raise test. There was decreased sensation in bilateral lower extremities noted. The plan of care included Ultram ER 150mg tablets, one tablet daily #90, Norco 10/325mg one tablet every four hours #140, OxyContin ER 80mg tablets three tablets twice a day and one tablet daily #210, and home health care to assist with activities of daily living five days a week for five hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 5 days a week, 5 hours per day: 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 Service Page(s): 51.

Decision rationale: The patient presents with residual bilateral sacroiliac joint pain, status post lumbar fusion. She also complains of tailbone pain. The request is for HOME HEALTH CARE, 5 DAYS A WEEK, 5 HOURS PER DAY. The request for authorization is dated 05/20/15. Physical examination of the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature. There is tenderness in the occipital cervical junction. There is decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. Exam of the lumbar spine reveals well-healed incision in the midline lumbar area with tenderness to palpation in the lumbar paraspinal musculature. There is also tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests are positive. Straight leg raise in supine position is positive in the bilateral lower extremities at 20 degrees. There is also tenderness over the coccyx. Sensation is diminished to light touch and pinprick at bilateral L5- S1 dermatomal distribution. Patient's medications include Prilosec, Ultram, Norco, OxyContin and Topical Cream. Per progress report dated 05/20/15, the patient is temporarily totally disabled. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per progress report dated 05/20/15, treater's reason for the request is "to aid the patient with activities of daily living." In this case, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. MTUS recommends up to 35 hours per week for home service. However, the guidelines specifically states medical treatment does not include homemaker services like "cleaning." Therefore, the request IS NOT medically necessary.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Urine drug testing.

Decision rationale: The patient presents with residual bilateral sacroiliac joint pain, status post lumbar fusion. She also complains of tailbone pain. The request is for URINE TOXICOLOGY SCREENING. The request for authorization is dated 05/20/15. Physical examination of the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature. There is tenderness in the occipital cervical junction. There is decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. Exam of the lumbar spine reveals well-healed incision in the midline lumbar area with tenderness to palpation in the lumbar paraspinal musculature. There is also tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests are positive. Straight leg raise in supine position is positive in the bilateral lower extremities at 20 degrees. There is also tenderness over the coccyx. Sensation is diminished to light touch and pinprick at bilateral L5-S1 dermatomal distribution. Patient's medications include Prilosec, Ultram, Norco, OxyContin and Topical Cream. Per progress report dated 05/20/15, the patient is temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient is prescribed Ultram and Norco, which are opiates. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.

Ultram ER 150mg #90: Upheld

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

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 residual bilateral sacroiliac joint pain, status post lumbar fusion. She also complains of tailbone pain. The request is for ULTRAM ER 150MG #90. The request for authorization is dated 05/20/15. Physical examination of the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature. There is tenderness in the occipital cervical junction. There is decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. Exam of the lumbar spine reveals well-healed incision in the midline lumbar area with tenderness to palpation in the lumbar paraspinal musculature. There is also tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests are positive. Straight leg raise in supine position is positive in the bilateral lower extremities at 20 degrees. There is also tenderness over the coccyx. Sensation is diminished to light touch and pinprick at bilateral L5-S1 dermatomal distribution. Patient's medications include Prilosec, Ultram, Norco, OxyContin and Topical Cream. Per progress report dated 05/20/15, the patient is temporarily totally disabled. 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Patient has been prescribed Ultram since at least 02/23/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Ultram. No validated instrument is used to show functional improvement. There is no documentation regarding side effects nor documentation regarding aberrant drug behavior. No UDS, CURES or opioid pain contract. In this case, given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #140: Upheld

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

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 residual bilateral sacroiliac joint pain, status post lumbar fusion. She also complains of tailbone pain. The request is for NORCO 10/325MG #140. The request for authorization is dated 05/20/15. Physical examination of the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature. There is tenderness in the occipital cervical junction. There is decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. Exam of the lumbar spine reveals well-healed incision in the midline lumbar area with tenderness to palpation in the lumbar paraspinal musculature. There is also tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests are positive. Straight leg raise in supine position is positive in the bilateral lower extremities at 20 degrees. There is also tenderness over the coccyx. Sensation is diminished to light touch and pinprick at bilateral L5-S1 dermatomal distribution. Patient's medications include Prilosec, Ultram, Norco, OxyContin and Topical Cream. Per progress report dated 05/20/15, the patient is temporarily totally disabled. 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Treater does not specifically discuss this

medication. Patient has been prescribed Norco since at least 02/23/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication for Norco. Therefore, the request IS NOT medically necessary.

Oxycontin ER 80mg #210: Upheld

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

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 residual bilateral sacroiliac joint pain, status post lumbar fusion. She also complains of tailbone pain. The request is for OXYCONTIN ER 80MG #210. The request for authorization is dated 05/20/15. Physical examination of the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature. There is tenderness in the occipital cervical junction. There is decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. Exam of the lumbar spine reveals well-healed incision in the midline lumbar area with tenderness to palpation in the lumbar paraspinal musculature. There is also tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests are positive. Straight leg raise in supine position is positive in the bilateral lower extremities at 20 degrees. There is also tenderness over the coccyx. Sensation is diminished to light touch and pinprick at bilateral L5-S1 dermatomal distribution. Patient's medications include Prilosec, Ultram, Norco, OxyContin and Topical Cream. Per progress report dated 05/20/15, the patient is temporarily totally disabled. 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Treater does not specifically discuss this medication. The patient has been prescribed Oxycontin since at least 05/20/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Oxycontin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Oxycontin. No validated instrument is used to show functional improvement. There are no documentation or discussion regarding adverse effects or aberrant drug behavior. No UDS, CURES or opioid contract. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication for Oxycontin. Therefore, the request IS NOT medically necessary.

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 60gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: The patient presents with residual bilateral sacroiliac joint pain, status post lumbar fusion. She also complains of tailbone pain. The request is for FLURBIPROFEN 25%/MENTHOL 10%/CAMPBOR 3%/CAPSAICIN 0.0375% TOPICAL CREAM, 60GM. The request for authorization is dated 05/20/15. Physical examination of the cervical spine reveals tenderness to palpation in the cervical paraspinal musculature. There is tenderness in the occipital cervical junction. There is decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. Exam of the lumbar spine reveals well-healed incision in the midline lumbar area with tenderness to palpation in the lumbar paraspinal musculature. There is also tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests are positive. Straight leg raise in supine position is positive in the bilateral lower extremities at 20 degrees. There is also tenderness over the coccyx. Sensation is diminished to light touch and pinprick at bilateral L5-S1 dermatomal distribution. Patient's medications include Prilosec, Ultram, Norco, OxyContin and Topical Cream. Per progress report dated 05/20/15, the patient is temporarily totally disabled. MTUS has the following regarding topical creams (p 111, chronic pain section): "TopicalAnalgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. Patient has been prescribed compounded topical cream since at least 02/23/15. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Additionally, treater does not discuss how it is used and with what efficacy. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.