

Case Number:	CM15-0149737		
Date Assigned:	09/08/2015	Date of Injury:	01/30/1974
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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, Indiana, New
 York Certification(s)/Specialty: Internal 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 injured worker is a 91 year old male, who sustained an industrial injury on 1-30-74. The diagnoses have included lumbar disc herniation with bilateral lower extremity radicular symptoms, status post laminectomy and fusion, status post left total knee replacement and status post lumbar stimulator implant. Treatment to date has included medications, surgery, activity modifications, physical therapy, lumbar spinal cord stimulator and other modalities. Currently, as per the physician progress note dated 7-6-15, the injured worker complains of continued low back pain that radiates down the bilateral lower extremities and continues to limit his mobility and activity tolerance. He reports that he attempts to exercise on stationary bike and walking using a cane but is limited due to debilitating back pain. The injured worker has received physical therapy in the past, which was beneficial with the last session around seven months ago. It is noted that despite the ongoing pain he has been able to wean off of the Norco and he has substituted with Ultracet. He reports 40-50 percent relief, which lasts 3-4 hours. The diagnostic testing that was performed included computerized axial tomography (CT scan) of the lumbar spine. The diagnostic report was not noted. The current medications included Ultracet, Anaprox, Fexmid, Neurontin, Lidoderm, Neurontin, and Prilosec. The urine drug screen dated 7-6-15 was consistent with the medications prescribed. The objective findings-physical exam reveals that he requires the use of a walker and he moves slowly. The lumbar spine has tenderness to palpation and increased muscle rigidity with palpable trigger points. There is decreased lumbar range of motion with muscle guarding noted. The physician requested treatment included 60 Norco 10-

325mg, 30 Lidoderm patch 5%, and 12 sessions of aqua therapy sessions with goals to improve overall balance, endurance and strength as well as help alleviate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are lumbar disc herniation with bilateral lower extremity symptoms; status post decompression laminectomy and fusion L3 - S1; status post laminectomy L1 L2 and L2 L3; paraparesis; status post left totally replacement; successful trial implantation lumbar spinal cord stimulator with subsequent removal 2011; status post complex revision T10 to L2 segmented instrumented fusion of laminectomy T10 through T12; lumbar St. Jude's spinal cord stimulator implant; and medication induced gastritis. Date of injury is January 30, 1974 (41 years ago). Request for authorization is July 9, 2015. The injured worker is a 91-year-old man. According to a July 6, 2015 progress note, the injured worker's subjective symptoms include low back pain that radiates to the bilateral lower extremity. The injured worker ambulates with the cane. Medications include ultracet, Anaprox, Protonix, Lidoderm, and Neurontin. Norco and Fexmid were discontinued. Objectively, there was tenderness to palpation bilaterally lumbar spine with trigger points, decreased range of motion with normal motor function. The documentation states the injured worker completely weaned himself off Norco. There is no clinical indication for rationale for ongoing Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating discontinuation of Norco and no clinical indication or rationale for its use, Norco 10/325 mg #60 is not medically necessary.

30 Lidoderm patch 5%: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are lumbar disc herniation with bilateral lower extremity symptoms; status post decompression laminectomy and fusion L3 - S1; status post laminectomy L1 L2 and L2 L3; paraparesis; status post left totally replacement; successful trial implantation lumbar spinal cord stimulator with subsequent removal 2011; status post complex revision T10 to L2 segmented instrumented fusion of laminectomy T10 through T12; lumbar St. Jude's spinal cord stimulator implant; and medication induced gastritis. Date of injury is January 30, 1974 (41 years ago). Request for authorization is July 9, 2015. The injured worker is a 91-year-old man. According to a July 6, 2015 progress note, the injured worker's subjective symptoms include low back pain that radiates to the bilateral lower extremity. The injured worker ambulates with the cane. Medications include Ultracet, Anaprox, Protonix, Lidoderm, and Neurontin. Norco and Fexmid were discontinued. Objectively, there was tenderness to palpation bilaterally lumbar spine with trigger points, decreased range of motion with normal motor function. There is no documentation of failed first-line treatment with neuropathic medications. There is no documentation of neuropathic symptoms or objective findings. There is no documentation demonstrating objective functional improvement. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation of failed first-line treatment with neuropathic medications and no neuropathic symptoms or objective clinical findings, Lidoderm 5% #30 is not medically necessary.

12 sessions of aqua therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions of aquatic therapy is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are lumbar disc herniation with bilateral lower extremity symptoms; status post decompression laminectomy and fusion L3 - S1; status post laminectomy L1 L2 and L2 L3; paraparesis; status post left totally replacement; successful trial implantation lumbar spinal cord stimulator with subsequent removal 2011; status post complex revision T10 to L2 segmented instrumented fusion of laminectomy T10 through T12; lumbar St. Jude's spinal cord stimulator implant; and medication induced gastritis. Date of injury is January 30, 1974 (41 years ago). Request for authorization is July 9, 2015. The injured worker is a 91-year-old man. According to a July 6, 2015 progress note, the injured worker's subjective symptoms include low back pain that radiates to the bilateral lower extremity. The injured worker ambulates with the cane. Medications include Ultracet, Anaprox, Protonix, Lidoderm, and Neurontin. Norco and Fexmid were discontinued. Objectively, there was tenderness to palpation bilaterally lumbar spine with trigger points, decreased range of motion with normal motor function. The injured worker last received physical therapy approximately 7 months ago. There is no clinical indication a rationale for additional physical therapy. There is no discussion in the medical record of aquatic therapy. There is no clinical indication or rationale for aquatic therapy. There is no documentation reduced weight bearing is desirable to achieve a specific goal. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for aquatic therapy, no documentation of failed land-based physical therapy and no documentation indicating reduced weight-bearing is desirable to achieve a specific goal, 12 sessions of aquatic therapy is not medically necessary.