

Case Number:	CM15-0162419		
Date Assigned:	09/10/2015	Date of Injury:	08/13/2007
Decision Date:	11/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/18/2015

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, Pain Management

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 60 year old female, who sustained an industrial injury on August 13, 2007. She reported injury causing her back pain and radicular leg pain. The injured worker was currently diagnosed as having right leg neuropathic pain, improved left leg pain radiculopathy, bladder incontinence episodes, hydronephrosis, bilateral lower extremities lymphedema and adjacent L2-3 disc protrusion. Treatment to date has included diagnostic studies, surgery, physical therapy, lymphedema therapy and medication. On July 9, 2015, the injured worker complained of worsening back pain and bilateral leg pain. The treatment plan included a bilateral L2-3 transforaminal epidural steroid injection with fluoroscopy, medication, urology referral and twelve panel urinalysis random toxicology testing. On July 17, 2015, utilization review denied a request for treatment with a urologist, twelve panel urinalysis, purchase of interferential stimulator for the lumbar spine, Percocet, Amrix, Amitiza and Lidoderm. Utilization review authorized a consultation with a urologist, Elavil and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment with urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition 2004 page 127.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation and treatment, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, there was a request for consultation and treatment, which was already modified by a utilization review determination to certify the consultation. This is a standard procedure as certifying treatment at this stage is ambiguous, given that the specifics of this treatment is yet unknown. The appropriate procedure would be for the urologist who is a secondary treating provider to evaluate the worker and request the specifics of any treatment. Given this, the original request for consult and treatment is not medically necessary.

12 Panel Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction.

Decision rationale: In this case, the progress note suggests that the 12-panel urinalysis requested is in fact a urine toxicology test, as opposed to a standard UA (urinalysis). This is peer review a note dated 7/9/2015. Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. Although the documentation did not meet all the requirement of the 4 A's to continue Percocet, nonetheless the worker continues on this medication at the present time. The notes indicate that the goal for testing is to assess urine toxicology 2-3 times per year. Given this, the request is medically necessary.

Purchase of Interferential stimulator for lumbar spine Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). It is not apparent if a failed trial of traditional TENS has taken place. It is noted the the provider intends to utilize IF technology in conjunction with standard rehabilitation. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Percocet 5/325mg Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, indicators for addiction.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Amrix 30mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Amrix is a long acting form of cyclobenzaprine. Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In fact, a 4-month supply as requested would exceed guideline recommendations. Given this, the current request is not medically necessary.

Amitiza 25mcg #60 with 3 refills: 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 (updated 07/15/2015) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment and Other Medical Treatment Guidelines Drugs.com, Amitiza Entry.

Decision rationale: Regarding the request for Lubiprostone (Amitiza), California MTUS guidelines and ACOEM do not contain criteria for the use of this medication. The ODG Pain Chapter specifies that Amitiza is a possible second line treatment for opioid induced constipation. Further detailed recommendations are found on Drugs.com, which indicates that Amitiza is indicated for the treatment of chronic idiopathic constipation in adults, opioid-induced constipation in adults with chronic non-cancer pain, and irritable bowel syndrome with constipation (IBS-C) in women older than 18. Within the documentation available for review, there is documentation of a chronic opioid therapy and therefore constipation prophylaxis is warranted. However, there is no documentation of failure of first line agents, and how long those agents had been tried. Given this, the currently requested Lubiprostone (Amitiza) is not medically necessary.

Lidoderm 5% #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy. Within the submitted records, there is documentation of chronic low back pain, lumbar degenerative disc disease, and prior lumbar surgeries. However, there is no evidence of a localized peripheral neuropathic pain process (such as post herpetic neuralgia) which would warrant this topical medication as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.