

Case Number:	CM15-0164963		
Date Assigned:	09/22/2015	Date of Injury:	11/25/2007
Decision Date:	11/25/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York
 Certification(s)/Specialty: Pediatrics, 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:

This injured worker is a 54-year-old male, who sustained an industrial injury on 11-25-2007. The injured worker was diagnosed as having complex regional pain syndrome of legs and pelvis, failed neck syndrome with torticollis, sphincter disturbance with incontinence due to loss of tone-muscle of the pelvic floor, neurogenic bladder-not otherwise specified, depression and anxiety with panic, migraines and cervical headaches with torticollis. On medical records dated 06-12-2015 and 07-02-2015, subjective complaints were noted as chronic pain and ongoing migraine headaches. Pain was noted at 7 out of 10 with medication and 9 out of 10 without medication. The physical findings were noted as cervical spine with spasms and pain to palpation of the paraspinal muscles and trapezius area. Extremities were noted to have distal leg and feet cyanosis. Straight leg raise was negative. A positive for scoliosis; spasms and tenderness to palpation of the paraspinal muscles were noted as well. Pain to palpation or percussion of the SI joints or sciatic notches was noted and back range of motion was decreased. Pain with range of motion of both hips. Gait was antalgic, used a cane to assist with ambulation. The injured worker was also noted to be depressed and withdrawn. The injured worker was noted to be temporarily totally disabled. Treatment to date included a trial of spinal cord stimulation for 5 days, pool therapy and medication. Current medication was listed as Ambien, Azithromycin, Diazepam, Lidocaine cream (used to cath), self cath - twice a day, vitamins and supplements, Lyrica, Norco, Valium, Pristiq, Imitrex and Valtrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Desvenlafaxine (Pristiq).

Decision rationale: Per ODG guidelines Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). The psychiatrist notes that without the medication the IW is unable to function and there was concern for suicide risk due to recurrent withdrawal from the medication. The request is medically necessary and appropriate.

Prolia injection 24mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Denosumab: Drug information.

Decision rationale: Per uptodate.com the indication for prolia injection are hypercalcemia of malignancy, prevention of skeletal-related events in bone metastases from solid tumors, treatment of androgen deprivation-induced bone loss in men with prostate cancer, treatment of aromatase inhibitor-induced bone loss in women with breast cancer, treatment of giant cell tumor of the bone and treatment of osteoporosis in men or postmenopausal women. There is notation in the documentation of a drop in the IW's bone density however the DEXA scans were not included for confirmation of osteoporosis. The request is not medically necessary and appropriate.

Spinal cord stimulator permanent placement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Low Back - Lumbar & Thoracic - Spinal cord stimulation (SCS).

Decision rationale: Per ODG guidelines, indications for stimulator implantation are complex regional pain syndrome (CRPS) when all of the following are present: (1) There has been limited response to non-interventional care; (2) Psychological clearance indicates realistic expectations and clearance for the procedure; (3) There is no current evidence of substance abuse issues; (4) There are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The

documentation shows that initially the trial did not help but after adjustment there was pain relieve and ability to sleep soundly. There is no documentation as to the degree of relief and thus the request is not medically necessary and appropriate.

MRI of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis - MRI (magnetic resonance imaging).

Decision rationale: Per ODG guidelines, MRI is recommended as indicated below. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. However, MRI of asymptomatic participants with no history of pain, injury, or surgery revealed abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. Indications for MRI include osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. There is no documentation of plain radiographs for evaluation of hip pathology. The request is not medically necessary and appropriate.

Lab testing: Complete Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Desvenlafaxine: Drug information, Valacyclovir: Drug information.

Decision rationale: Per uptodate.com guidelines patients taking Priatq and Valtrex require monitoring of renal function for dosing adjustment and possible side effects. The IW is noted to be on both of these medications without a known renal dysfunction. There is no indication as to why the remaining tests in the BMP would be required as the IW has no history of electrolyte imbalance, use of diuretics or metabolic disorder which would require checking those levels. The request is not medically necessary and appropriate.

Lab testing: Complete Blood Count (CBC): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Valacyclovir: Drug information.

Decision rationale: Uptodate.com guidelines note that patients who are on Valtrex requiring monitoring with a CBC. Rare side effects with the use of Valtrex include thrombocytopenia, mild leukopenia, anemia, aplastic anemia and thrombotic thrombocytopenic purpura (TTP). The IW is noted to take Valtrex twice daily. The request is medically necessary and appropriate.

Lab Testing: Thyroid (TSH): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) uptodate.com - Laboratory assessment of thyroid function.

Decision rationale: Per uptodate.com thyroid function tests are used in a variety of clinical settings to screen thyroid function, assess the adequacy of levothyroxine therapy, and monitor the treatment of hyperthyroidism. Common symptoms of thyroid hormone deficiency include fatigue, cold intolerance, weight gain, constipation, dry skin, myalgia, and menstrual irregularities. Physical examination findings may include goiter (particularly in patients with iodine deficiency or goitrous chronic autoimmune thyroiditis [Hashimotos thyroiditis]), bradycardia, hypertension, and a delayed relaxation phase of the deep tendon reflexes. The documentation specifically states that the IW does not have a history of thyroid disease and does not mention any of the common symptoms either. The request is not medically necessary and appropriate.

Lab Testing: Pregabalin level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - pregabalin.

Decision rationale: Per uptodate monitoring parameters of pregabalin include measures of efficacy (pain intensity/seizure frequency); degree of sedation; symptoms of myopathy or ocular disturbance; weight gain/edema; skin integrity (in patients with diabetes); suicidality (e.g., suicidal thoughts, depression, behavioral changes). Titration of pregabalin is done based on tolerability and effect and there are no standardized therapeutic levels available. The request is not medically necessary and appropriate.

Lab testing: Hydrocodone level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Hydrocodone: Drug information.

Decision rationale: Per uptodate monitoring parameters of hydrocodone therapy include pain relief, respiratory and mental status, blood pressure; signs of misuse, abuse, and addiction; signs or symptoms of hypogonadism or hypoadrenalism. Titration of hydrocodone is done based on achieving adequate analgesia. There use of urine toxicology screens is appropriate to monitor use

of the medication however the use of levels is not required to monitor therapy. The request is not medically necessary and appropriate.

Lab testing: Tylenol level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Acetaminophen (paracetamol): Drug information.

Decision rationale: Per uptodate.com Tylenol monitoring parameters are serum acetaminophen levels when acute overdose suspected and with long-term use in patients with hepatic disease. There is no notation of liver disease in the IW and the daily dose of Tylenol is 650mg which is significantly less than the maximum daily dose of 4000mg and there is no documentation of concern for overdosing that would require the Tylenol level. The request is not medically necessary and appropriate.

Pool Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic - Aquatic therapy.

Decision rationale: Per ODG, aquatic therapy is 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. There may be advantages to weightless running in back pain recovery. This RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice. There was discussion of how well the IW did with her therapy at the time but no correlation to functional improvement or quality of life. Without documentation of functional improvement, the request is not medically necessary.

Maid services (once a week): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per ACOEM guidelines, to optimize the chances of success, the patient's family or support system must be enlisted in the recovery effort. The practitioner can explain that the patient must take care of him or herself and assume the responsibilities outlined above. Co-dependent or enabling behavior will markedly impede the recovery effort. However, shifting responsibilities such as childcare, laundry, and housekeeping to the worker may impede recovery. According to the documentation the IW was married and it is noted that the IW was able to be upright for 40 minutes at a time and was able to do her activities of daily living. The request is not medically necessary and appropriate.