MAXIMUS Federal Services

Case Number:	CM15-0175786		
Date Assigned:	09/28/2015	Date of Injury:	08/04/2011
Decision Date:	11/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male who sustained an industrial injury on 08-04-2011. According to a progress report dated 07-31-2015, the injured worker was seen for lower backache. Pain level had increased since the last visit. Quality of sleep was "poor" (3 hours per night). He was taking medications as prescribed. He stated that medications were working well. Current medications included Escitalopram, Lyrica and Norco. Physical examination of the lumbar spine demonstrated restricted range of motion with flexion, limited to 34 degrees, extension limited to 9 degrees and worse pain with extension. Extension reproduced pain across the back. On palpation, paravertebral muscles, hypertonicity spasm, tenderness and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raise was positive on both sides in supine position. Ankle jerk was 1 out of 4 on both sides. Patellar jerk was 2 out of 4 on both sides. Tenderness was noted over the sacroiliac spine. Tenderness to palpation was positive over the bilateral facet joint right greater than left L3, 4, and 5. Light touch sensation was decreased over the posterior thigh and lateral thigh on the left side. Diagnoses included lumbar radiculopathy, disc disorder lumbar, low back pain and spinal lumbar degenerative disc disease. The injured worker reported falling on 07-27-2015 while walking. The right knee gave out and he started to notice increased left foot weakness about one month ago. He continued to have low back pain, sharp pain in the back and bilateral lower extremity leg pain. He was able to function with the aid of pain medications. He continued to have a hard time urinating as stream would start and stop. He continued to have problems going to sleep and staying asleep due to low back pain. The treatment plan included referral to urologist, diagnostic

imaging per urologist, cystoscopy and bladder ultrasound per urologist, request medial branch block right side and referral to psychiatrist for evaluation and treatment per qualified medical examination report 08-14-2014, trial of melatonin and continuation of all meds and refill for 8 weeks (Norco for pain, Lyrica for neuropathic pain and Escitalopram for mood disturbance). He was to return to the clinic in 8 weeks. The provider noted that with medications, the injured worker was able to lift 10-15 pounds, walk 2 blocks, sit for 60 minutes, stand 30 minutes and perform household tasks such as cooking, cleaning, self-care, laundry and grocery shopping for approximately 30 minutes at a time. Without medications, the injured worker was able to lift 5 pounds, walk 1 block or less, sit for 30 minutes, stand for 15 minutes or less and perform household tasks such as cooking, cleaning, self-care, laundry and grocery shopping for approximately less than 10 minutes at a time. Work status was permanent and stationary. The injured worker was currently not working. Documentation submitted for review shows use of Lyrica dating back to November 2014. An authorization request dated 08-03-2015 was submitted for review. The requested services included medical branch block, referral to urologist, referral to psychiatrist and cystoscopy and bladder ultrasound. On 08-06-2015, Utilization Review non-certified the request for Lyrica 150 mg #90 with 1 refill, referral to urologist, referral to psychiatrist and cystoscopy and ultrasound of the bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, #90 with 1 refill: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal subjective and objective findings of neuropathy, continued use of Lyrica appears appropriate, therefore the request for Lyrica 150mg, #90 with 1 refill is medically necessary.

Referral to Urologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: Per the MTUS / ACOEM referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case the injured worker has urological complaints which need specialist evaluation, referral to a urologist is medically necessary.

Referral to Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: Per the MTUS psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. A psychological evaluation would be appropriate in this chronic pain injured worker with poor sleep, therefore the request for Referral to Psychiatrist is not medically necessary.

Cystoscopy and ultrasound of the bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/1829911-overview#aw2aab6b2b2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip / urological injuries.

Decision rationale: The MTUS did not address this issue, therefore other guidelines were consulted. Per the ODG Recommend cystoscopy, complex uroflowmetry, ultrasound of bladder, urodynamics, suprapubic catheter, retrorade urethrogram/cystogram, urethroplasty, urethrogram,

cystourethrogram, etc., as indicated below. The American Urological Association reviewed the urologic trauma literature to guide clinicians in the appropriate methods of evaluation and management of genitourinary injuries. The review yielded an evidence base of 372 studies relevant to urotrauma to inform the guideline. When sufficient evidence existed, the body of evidence for a particular treatment was assigned a strength rating of A (high), B (moderate) or C (low). Genitourinary organ salvage has become increasingly possible as a result of advances in imaging, minimally invasive techniques, and reconstructive surgery. As the field of genitourinary reconstruction continues to evolve, clinicians can approach clinical problems in a creative, multidisciplinary, evidence-based manner to ensure optimal outcomes. A review of the injured workers medical records reveal that he is yet to be evaluated by a urologist, after which appropriate testing can be ordered as part of the management based on a history and physical exam, without pertinent physical findings, it is not possible to determine the medical necessity of Cystoscopy and ultrasound of the bladder. The request is not medically necessary.