

Case Number:	CM15-0071724		
Date Assigned:	04/21/2015	Date of Injury:	05/25/2002
Decision Date:	07/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 5/25/02. The injured worker has complaints of neck pain that radiates down her bilateral upper extremities; low back pain that radiated down the bilateral lower extremities and lower extremity pain that is bilaterally in the knees and in the feet and upper back pain. The diagnoses have included lumbar radiculopathy; status post fusion, lumbar spine; osteoarthritis of the bilateral knees and diabetes mellitus. Treatment to date has included computerized tomography (CT) scan of the lumbar spine; home exercise program; norco; magnesium citrate; fentanyl and lidocaine. The request was for norco; magnesium citrate solution; lidocaine; comprehensive metabolic panel and 25 hydroxy D level vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 times 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to suggest this full review regarding Norco use was completed, including a clear review of functional gain and pain reduction with its ongoing use. Without this updated and ongoing review for each opioid medication, separate from collective medication use review, such as was vaguely provided, the continued use of Norco cannot be justified. Therefore, according to recent notes provided for review, the Norco will be regarded as medically unnecessary.

Magnesium Citrate Solution #4 times 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://pdr.net>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG Pain section, Opioid-induced constipation treatment.

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. In the case of this worker, there was unclear documentation as to why the worker was taking magnesium, but evidence suggested that it may have been related to constipation related to opioid use. However, there was insufficient reporting as to how effective it was at relieving constipation. Also, there was no reporting found in the documentation which reviewed all first line therapies tried for constipation, if this was the main reason for considering magnesium. There was no evidence of any deficiency in magnesium or any other indication, which would warrant ongoing magnesium use. Therefore, the magnesium citrate will be considered medically unnecessary at this time.

Lidocaine 5% #30 times 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was evidence of neuropathic pain related to her injury, there was no record found which showed that she had tried and failed first-line therapies for neuropathic pain before considering lidocaine as a treatment option. Also, there was insufficient documentation to show clear and measurable benefit with its use, independent of other medications. Therefore, considering the above reasons, the lidocaine will be considered medically unnecessary at this time.

Comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index 13th Edition (web) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, p. 70, AND Acetaminophen, p. 12.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that when prescribing NSAIDs, the recommendation is to measure liver enzymes as well as CBC and chemistry profile (including renal function testing) within 4-8 weeks after starting therapy. Interval and routine testing following this initial series has not been established. With acetaminophen use, it is reasonable to consider testing for liver enzymes and/or renal function testing performed within a few weeks of starting therapy when using moderate to high doses of acetaminophen or in all patients (any dose) with a history of alcohol use (for liver enzymes) or with renal insufficiency (for renal function testing) if taking it for longer than 5 days or so due to its potential for hepatotoxicity and renal toxicity. In the case of this worker, there was record of NSAID use and acetaminophen use, which had been initiated at least many months if not years before this request. Since routine interval, follow-up testing is not supported by the Guidelines, the CMP testing will be considered medically unnecessary.

25(OH) D Level Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index 13th Edition (web) 2015, Pain chapter, Vitamin D (cholecalciferol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, Vitamin D deficiency: (<http://emedicine.medscape.com/article/128762-overview>).

Decision rationale: The MTUS Guidelines do not address vitamin D level testing, nor does the ODG or any other guideline, which discusses testing related to an injury such as the one that occurred with this worker. In the case of this worker, the provider wished to gather a vitamin D level on this worker for the purpose of evaluating persistent chronic pain in the setting of multiple pain medications and treatments being used, considering bony pain related to possible vitamin D deficiency as a possible cause of some of her pain. Although vitamin D sufficiency is important, there is no evidence to suggest this is a reasonable request for this particular purpose involving an injury that happened in 2002. Without a more convincing explanation as to why this case is unique and warranting approval of this request, the vitamin D testing will be considered medically unnecessary at this time.