

Case Number:	CM13-0052483		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2009
Decision Date:	09/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 10/07/2009. The mechanism of injury was not provided. On 02/10/2012, there was a QME report. On 08/20/2013, the injured worker was seen for follow up visit for back pain. He had received some prior injections that helped. Medications are taken so he could perform limited activities of daily living. The pain radiated to lower extremities, more to the right, with weakness and numbness. He had spasms in both legs. He used a quad cane for stability. The injured worker had difficulty making it to the restroom on occasion since the surgery of 06/2012. He had trouble with erections and ejaculation due to the low back pain. At times he had trouble falling asleep and also woke up frequently at night. He had high blood pressure due to pain. On examination, the sensation was moderately decreased to light touch and pinprick in S1 dermatome over the lateral calf, lateral foot, and third, fourth, and fifth toes on the right side. Reflexes for knee were 1/4 bilaterally, ankle 0/4 right and 1/4 left and Babinski was down. There was moderate spasm more on the right than left for the lumbar spine. The recommendation is for psychological consult appointment; urological consult because of stool incontinence and sexual dysfunction; gastrointestinal consult due to stool incontinence to address sphincter dysfunction or any other gastrointestinal condition that may be causing incontinence; neurosurgery consult to re-visit and re-evaluate operating; authorize following medications for his chronic pain syndrome - Burtans 10 mcg par hour patch, Cetirizine, Gabapentin 600 mg three times a day, Nortriptyline 50 mg on tablet at bedtime, Voltaren XR 100 mg one every day, Zolpidem 5 mg two tablets at bedtime, Orphenadrine 100 mg twice a day (the provider asked for Norflex to be switched to Flexeril because the injured worker may be getting tolerant and that may help with his worsening of muscle spasms), Pantoprazole DR one tablet twice a day, and Norco 10/325 one table three times a day; continue quad cane; wheeled walker with a seat, which in the providers opinion

would be good in addition to the medications since the medication severely constipates the injured worker; and follow up. Prior surgeries included an appendectomy in 1973, a partial laminectomy at L4-5 in 1991, right shoulder rotator cuff surgery in 1994, gall bladder surgery in 2002, and low back injury with fusion in 2010. The injured worker has diagnoses of bladder problems, chronic pain problems, kidney problems and failed low back syndrome with significant residual chronic pain and gait dysfunction status post L4-5 fusion in 06/2010 as well as secondary depression and secondary insomnia due to chronic pain, stool incontinence and sexual dysfunction. The diagnostic studies included a MRI of the lumbar/cervical spine, EMG/NCV of lower extremities, and x-rays of the spine. Prior treatments have included conservative care, interventional pain management, TENS unit, quad cane, wheeled walker with seat, and medications. The rationale for the requests were as stated above. The Request for Authorization is dated 09/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request for a psychological consult is not medically necessary. The injured worker has a history of chronic pain. The injured worker has been having depression and anxiety. The California Medical Treatment Utilization Schedule (MTUS) states that psychological evaluations are generally accepted, well-established diagnostic procedures, not only for selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Although it is noted the injured worker has depression and anxiety, it is unclear whether any other consultations addressing the depression and anxiety have occurred since the QME performed in 2/2012 to support the necessity of the current request. As such, the request for a psychological consult is not medically necessary.

UROLOGICAL CONSULT: 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 Other Medical Treatment Guideline or Medical Evidence: California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a urological consult is not medically necessary. The injured worker has a history of chronic pain. The ACOEM guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. Although the injured worker has been having stool incontinence and sexual dysfunction, it is unclear whether any other consultations addressing the stool incontinence and sexual dysfunction have occurred since the QME performed in 2/2012 to support the necessity of the current request. As such, the request for a urological consult is not medically necessary.

GASTROINTESTINAL CONSULT: 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 Other Medical Treatment Guideline or Medical Evidence: California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a gastrointestinal consult is not medically necessary. ACOEM guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. The clinical information submitted recommended a gastrointestinal consultation due to stool incontinence to address sphincter dysfunction or any other gastrointestinal condition that may be causing the incontinence. Although the injured worker has been having stool incontinence, it is unclear whether any other consultations addressing the stool incontinence have occurred since the QME performed in 2/2012 to support the necessity of the current request. As such, the request is not medically necessary.

NEUROSURGERY CONSULT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for a neurosurgeon consult is not medically necessary. The injured worker has a history of chronic pain. CA MTUS/ACOEM states surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying

objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. It is unclear if any other consultations have been done since the QME report on 02/2012 addressing the injured worker's complaints to support the necessity of the consultation at this time. As such, the request is not medically necessary.

BUTRANS 10MCG/HR PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Butrans 10 mcg/hr patch is not medically necessary. The injured worker has a history of chronic pain. The California MTUS Guidelines recommend that buprenorphine is recommended for the treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The guidelines suggest the transdermal formulation for the treatment of chronic pain. The request does not state the frequency of use or the quantity. There is lack of documentation as to the effectiveness of the said medication to support continuation. As such, the request for Butrans 10 mcg/hr is not medically necessary.

CETIRIZINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL INSTITUTES OF HEALTH.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline Plus.

Decision rationale: The request for Cetirizine is not medically necessary. The injured worker had a history of chronic pain. According to the Medline Plus regarding Cetirizine, is used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and allergy to other substances (such as dust mites, animal dander, cockroaches, and molds). These symptoms include sneezing; runny nose; itchy, red, watery eyes; and itchy nose or throat. Cetirizine is also used to treat itching and redness caused by hives. Cetirizine may also be used for purposes not listed. The injured worker was not documented as having symptoms that would support the necessity of the requested medication. The request as submitted failed to provide the dosage, frequency and the quantity. There was a lack of documentation regarding the efficacy of the medication. As such, the request is not medically necessary.

NORTRIPTYLINE 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLIC ANTI-DEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The request for Nortriptyline 50 mg is not medically necessary. The injured worker had a history of chronic pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. There is no documentation as to how long this medication has been used. There is lack of documentation as to any diabetic neuropathy or post hepatic neuralgia condition. Also, the request does not give a frequency of use or quantity. There was a lack of efficacy noted in the documentation submitted to support continuation. As such, the request is not medically necessary.

GABAPENTIN 600MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The request for Gabapentin 600 mg is not medically necessary. The injured worker had a history of chronic pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. There is no documentation as to how long this medication has been used. There is lack of documentation as to any diabetic neuropathy or post hepatic neuralgia condition. Also, the request does not give a frequency of use or quantity. There was a lack of efficacy regarding this medication to support continuation. As such, the request is not medically necessary.

ZOLPIDEM 5MG: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG)- Pain Chapter, Zolpidem (Ambien®).

Decision rationale: The request for Zolpidem 5 mg is not medically necessary. The injured worker had a history of chronic pain. Official Disability Guidelines states Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The documentation submitted indicated the injured worker had insomnia related to chronic pain; however, it did not provide evidence of improvement in his sleep to support continuation of the medication. The requested medication is recommended for short term use and the injured worker has been utilizing the medication for longer than the recommended 2-6 weeks. It is unclear as to the medical necessity of a prescribed medication for sleep. The above medication is not supported by guideline recommendations. The request as submitted also fails to provide a frequency and quantity. As such, the request is not medically necessary.

ORPHENADRINE 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: The request for Orphenadrine is not medically necessary. The injured worker had a history of chronic pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state muscle relaxants are for use on a short-term basis. The guidelines also state that there is no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. There is lack of documentation as to any functional improvement there was from use of said medication. Also, the request does not include a dosage, frequency or quantity. As such, the request is not medically necessary.

PANTOPRAZOLE DR: 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), PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The request for Pantoprazole DR is not necessary. The injured worker had a history of chronic pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state proton pump inhibitors are supported if the patient is at risk for gastrointestinal events such as an age over 65 years, a history of peptic ulcer, GI bleeding or perforation, a concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID

(e.g., NSAID + low-dose ASA). The clinical information submitted failed to indicate the injured worker had risk factors to support the necessity of the requested medication. The information also failed to provide evidence of efficacy to support continuation. Also, the request did not include the dosage, frequency and quantity of the medication. As such, the request is not medically necessary.

NORCO 10-325MG: Upheld

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

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

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The injured worker had a history of chronic pain. The California Medical Treatment Utilization Schedule (MTUS) recommends as an option to improve effectiveness of opioids for chronic pain. The MTUS also states that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects prior to continuation of opioids. There is lack of documentation of the frequency of usage or duration of relief of pain, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The request as submitted failed to provide the frequency and the quantity. As such the request is not medically necessary.

QUAD CANE: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for a quad cane is not medically necessary. The injured worker had a history of chronic pain. The Official Disability Guidelines state that assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. The injured worker already had a quad cane as mentioned in the exam. It is unclear why a second cane is required. As such, the request is not medically necessary.

WHEELED WALKER WITH SEAT: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for a wheeled walker with seat is not medically necessary. The injured worker had a history of chronic pain. The Official Disability Guidelines state that assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. In patients with osteoarthritis, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. It is unclear why a wheeled walker with seat is being request. The injured worker is able to ambulate with the use of a quad cane and there is a lack of rationale as to why a wheeled walker seat is needed. As such, the request is not medically necessary.

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

Decision rationale: The request for TENS unit is not medically necessary. The injured worker had a history of chronic pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. The guidelines also suggest the trial of the unit for 30 days. Guidelines also state a TENS unit is not recommended as a primary treatment modality. There was mention of the need for a TENS unit for pain control. The clinical information submitted did not indicate the injured worker has undergone a one month trial to meet guideline criteria. There was also a lack of documentation indicating the TENS unit would be used in conjunction with a program of evidence based functional restoration. As such, the request is not medically necessary.