

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0149028 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 12/03/2012 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

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 California. 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 29-year-old male who reported an injury on 12/03/2012. The mechanism of injury is unclear as it is stated to have occurred while pushing heavy material and in another note it was reported as twisting his back while carrying heavy material. The diagnoses included L5-S1 spondylolisthesis and lumbar radiculopathy. The past treatments included Physical Therapy, Epidural Steroid Injections, and Medications. An EMG, dated 08/21/2014, was noted to be normal. An x-ray, dated 06/21/2014, was noted to be normal. A CT scan of the lumbar spine, dated 06/21/2014, was reported to be normal. An MRI, dated 04/16/2013, revealed a 2.5 mm spondylolisthesis of L5 on S1. The progress note, dated 08/25/2014, noted the injured worker complained of back pain, rated 7/10, with radiation of pain and numbness to his glutes. He reported an increase in pain since being out of his medications, due to his truck having been broken into. He also reported depression related to weight gain. The physical examination revealed tenderness to palpation of the mid lumbar spine and bilateral paraspinal muscles; positive facet challenge; decreased sensation bilaterally at L3, L4, L5, and S1; hyper reflexes of the patella and Achilles tendons bilaterally; motor strength 5/5 to the bilateral lower extremities except the right extensor hallucis longus at 4+/5; positive Hoffman's bilaterally; negative Babinski's; negative straight leg raise; negative Lasegue's maneuver; and positive Lhermitte's sign. The medications included Norco 10/325 mg #90 at 3 times a day, Norflex ER 100 mg #60 once daily, and Prilosec 20 mg #60 once daily for gastrointestinal complaints. The treatment plan requested authorization for Omeprazole 20 mg #60, Orphenadrine citrate 100 mg #60, hydrocodone 10/325 mg #90, a psychiatry follow-up, and discuss a medial branch block to the bilateral L5-S1 versus a fusion at L5-S1. The Request for Authorization form was submitted for review on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry follow up: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Psychological evaluations.

Decision rationale: The request for a psychiatry follow-up is not medically necessary. The injured worker reported depression related to weight gain. The California MTUS Guidelines recommend psychotherapy for appropriately identified patients during treatment for chronic pain. A psychiatric evaluation is necessary to assess further need for psychiatric treatment. The Official Disability Guidelines state diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if the further psychosocial interventions are indicated. Psychiatric symptoms should be measured using psychological tests, allowing for before and after scores to note improvement and justify ongoing sessions. A psychiatry follow-up would indicate that the injured worker has had psychiatric treatment previously; however, there were no psychiatric notes provided. The number of sessions attended is also not provided. There is no indication of the efficacy of previous sessions. Without evidence of improvement with psychiatric treatment, a follow-up would not be supported at this time. Therefore, the request is not medically necessary.

LidoPro topical ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for LidoPro topical ointment 4 oz is not medically necessary. The injured worker had pain, rated 7/10, with radiation and numbness to his gluts. The increased pain was reportedly due to being out of his medications. LidoPro cream contains capsaicin 0.0325%, Lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The California MTUS Guidelines recommend capsaicin in a 0.025% or 0.075% formulation as an option for patients who have not responded to other treatments or are intolerant of other treatments. Topical Lidocaine in patch form (Lidoderm) is recommended for the treatment of neuropathic pain; however, Lidocaine in the form of creams, lotions, or gels is not recommended. Salicylate topicals are a recommended option for acute and chronic pain; however, neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. Topical pain relievers that contain menthol, methyl salicylate, or capsaicin may in rare instances cause burns. Furthermore, the guidelines state that any compound with 1 or more ingredient that is not

recommended is not recommended for use. There is no evidence that the injured worker has been intolerant to or has not responded to prior treatments. The location of intended use was not provided to determine the medical necessity. The guidelines do not recommend the use of Lidocaine in a cream form for topical application. Capsaicin 0.0325% is not recommended for use. As such, LidoPro is not recommended for use. Therefore, the request is not medically necessary.

Ophenadrine Citrate 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: The request for Orphenadrine citrate 100 mg #60 is not medically necessary. The injured worker had pain rated 7/10, with numbness radiating to his gluts. There was evidence of radiculopathy noted on the physical examination. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for the short treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing is recommended of 100 mg twice a day. There is a lack of evidence to suggest the injured worker is not responding to the current medication regimen. There is a lack of documentation to support that the injured worker is taking current medications as prescribed. The addition of a muscle relaxant is not supported at this time. Additionally, the frequency intended for use was not provided to determine the medical necessity. As such, the request is not medically necessary.