

Case Number:	CM13-0006625		
Date Assigned:	07/16/2014	Date of Injury:	05/17/2013
Decision Date:	09/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee 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:

Patient is a 61-year-old male who has submitted a claim for lumbar degenerative joint disease with herniated nucleus pulposus, anxiety, insomnia, and erectile dysfunction associated with an industrial injury date of 5/17/2013. Medical records from the 2013 were reviewed. Patient complained of low back pain, rated 2 to 6/10 in severity, aggravated by movement. Physical examination of the lumbar spine showed restricted range of motion. Straight leg raise test was positive bilaterally. Reflexes, sensory, and motor strength were normal. Atrophy was absent. EMG of bilateral lower extremities (undated) showed bilateral L5 to S1 radiculopathy. MRI of the lumbar spine (undated) showed a multi-level 2 to 3-mm herniated nucleus pulposus. Treatment to date has included chiropractic care, and medications such as Tylenol, Naprosyn, Prilosec, and Xanax (all since May 2013). Utilization review from 7/26/2013 denied the request for pain management because there was no mention of failure of present treatment regimen; denied Naprosyn because long term use was not recommended; denied Tylenol No. 3 because long-term use of opioids medication is not appropriate; denied Prilosec because there were no gastrointestinal complaints; denied Xanax 1 mg because there was no documentation of benefits; and denied topical creams because of lack of published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of low back pain, rated 2 to 6/10 in severity, aggravated by movement. Physical examination of the lumbar spine showed restricted range of motion. Straight leg raise test was positive bilaterally. Reflexes, sensory, and motor strength were normal. Atrophy was absent. EMG of bilateral lower extremities (undated) showed bilateral L5 to S1 radiculopathy. MRI of the lumbar spine (undated) showed a multi-level 2 to 3-mm herniated nucleus pulposus. Current treatment regimen includes chiropractic care, and medications such as Tylenol, Naprosyn, Prilosec, and Xanax. However, the medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. There is no clear rationale for the requested service. Therefore, the request for pain management is not medically necessary.

Naprosyn Quantity and duration not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naprosyn since May 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naprosyn quantity and duration not specified is not medically necessary.

Tylenol Number 3 Quantity and duration not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Codeine, Opioid Page(s): 35, 80.

Decision rationale: Tylenol #3 (tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, patient has been on Tylenol #3 since May 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Tylenol is likewise recommended for short-term relief only. Therefore, the request for Tylenol Number 3 quantity and duration not specified is not medically necessary.

Prilosec Quantity and duration unspecified: 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 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prilosec since May 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Prilosec quantity and duration unspecified is not medically necessary.

Xanax 1 mg quantity and duration unspecified: 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 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Xanax since May 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Xanax 1 mg quantity and duration unspecified is not medically necessary.

Topical creams Keto,Tramadol, Cyclo: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 71.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. The topical formulation of tramadol does not show consistent efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains that ketoprofen, tramadol, and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Topical creams Keto,Tramadol, Cyclo is not medically necessary.