

Case Number:	CM13-0007053		
Date Assigned:	11/01/2013	Date of Injury:	07/09/2010
Decision Date:	02/05/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York, Texas. 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 physician 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 patient is a 43-year-old male who reported a work related injury on 07/09/2010. Specific mechanism of injury not stated. Subsequently, the patient was status post lumbar spinal microdecompression at the L4-5, L5-S1. The clinical note dated 09/04/2013 reports the patient was seen under the care of [REDACTED] for orthopedic spine re-evaluation. The provider documents the patient presents with a rate of pain at 5/10. The provider documents the patient reports flare-ups of low back pain with an increase to an 8/10 on a Visual Analogue Scale. The provider documents the patient's pain has not been responsive to over-the-counter Advil Liquigel. However, the patient reports relief with Ibuprofen 800 mg. The provider documents the patient reports an allergy to Naproxen. Upon physical exam of the patient, 5/5 motor strength was noted throughout the bilateral lower extremities. Sensation was intact to light touch and pin prick in all dermatomes of the right lower extremity. The provider documented diminished sensation to the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The current request is not supported. Clinical documentation submitted for review fails to evidence the patient presents with any gastrointestinal complaints to support utilization of this medication. Furthermore, the current request does not indicate duration of use, frequency of use or dosage of Protonix to be utilized. California MTUS indicates Proton Pump Inhibitors are supported for patients who present with gastrointestinal complaints. However, as the clinical notes fail to document the patient has any gastrointestinal symptomatology, the request for Protonix is not medically necessary or appropriate.

topical compound Flurbiprophen/Menthol/Camphor: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents status post a work related injury sustained in 07/2010 and subsequent to L4-5, L5-S1 decompression performed in 06/2013. The clinical documentation submitted does not evidence the patient's reports of efficacy with utilization of topical analgesics. Additionally, California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Given all the above, the request for topical compound flurbiprofen/Capsaicin/menthol/camphor is not medically necessary or appropriate.

topical compound, Ketoprofen/Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents status post a work related injury as sustained in 07/2010 and subsequent to L4-5, L5-S1 decompression performed in 06/2013. The clinical documentation submitted does not evidence the patient's reports of efficacy with utilization of topical analgesics. Additionally, California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, California MTUS indicates Ketoprofen is not FDA approved for topical application and there is no evidence for use of any muscle relaxant as

a topical analgesic. Given all the above, the request for topical compound ketoprofen/Cyclobenzaprine is not medically necessary or appropriate.