MAXIMUS Federal Services

Case Number:	CM13-0009981		
Date Assigned:	12/11/2013	Date of Injury:	11/07/2011
Decision Date:	01/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 38-year-old female who sustained a work-related injury on 11/07/2011. The clinical information indicates the patient reported persistent complaints of low back pain, but physical examination findings were only positive for tenderness to palpation, spasm and guarding, and limited range of motion. The most recent progress report dated 10/09/2013 documented subjective complaints of persistent left knee pain. Objective findings revealed tenderness and swelling of the left knee. The patient's diagnoses included left knee pain, left knee chondromalacia, disc desiccation and bulging with canal stenosis, disc injury with annular tear, and left hip pain. The treatment plan included recommendation of a series of Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management to address lumbar epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: While Official Disability Guidelines recommend office visits "based on review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment", the clinical information provided lacks objective documentation suggestive of radiculopathy. Furthermore, there is no documentation to indicate that the patient has failed all lower levels of care in the past to warrant a consultation for epidural steroid injection. Therefore, the medical necessity of a pain management referral has not been established. As such, the request for referral to pain management to address lumbar epidural steroid injections is non-certified.

Xoten lotion 0.002%/10%/20%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Capsaicin Page(s): 28-29 and 111-113.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be effective. Topical ointments are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other treatments. Furthermore, guidelines also state if one of the medications in a compound is not recommended, the compound as a whole cannot be recommended. Given that capsaicin is not recommended as a first-line medication and the lack of documentation that the patient has attempted or is intolerant of other treatments, the request is not supported at this time. As such, the request for Xoten lotion 0.002%/10%/20% is non-certified.

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use which includes documentation of adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical information submitted for review is lacking documentation of the aforementioned criteria. There is no objective documentation of functional benefit, pain reduction, or return to work being obtained through the use of tramadol in the medication regimen. As such, the request for tramadol ER 150 mg is non-certified.