

Case Number:	CM13-0016118		
Date Assigned:	11/06/2013	Date of Injury:	10/27/2004
Decision Date:	01/17/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 & 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 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 39-year-old female who reported an injury on 10/27/2004. The patient is currently diagnosed with decompression and fusion at L5-S1 and lumbar radiculitis. The patient was recently evaluated by [REDACTED] on 08/28/2013 with complaints of low back pain. Physical examination revealed palpable spasms, 40 degree flexion, 10 degree extension, positive straight leg raising, and 5/5 motor strength. Treatment recommendations included continuation of current medications and continuation of home stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45, 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Other devices such as interferential current stimulation have been designed and are distinguished from TENS based on their electrical specification. As per the clinical notes submitted, the

patient has previously utilized an interferential current stimulation unit the past. Documentation of significant functional improvement following the use of this device was not provided. A treatment plan including the specific short and long-term goals of treatment with the unit was not submitted. Based on the clinical information received, the request is non-certified.

Ketoprofen/Gabapentin/Lidocaine HCL Lipo 10-6-5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (1) drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support its use. Topical lidocaine in the formulation of a dermal patch has been designated for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated. As per the clinical notes submitted, there is no documentation of a failure to respond to previous oral medications prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Lumbar Physical therapy 2 x per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient's injury was nine years ago to date. Documentation of a previous course of physical therapy with treatment efficacy was not provided. The patient has been instructed in a home exercise program. The medical necessity for the requested service has not been established. As such, the request is non-certified.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-85.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent back pain. The patient continues to demonstrate palpable muscle spasm, diminished range of motion, positive straight leg raising. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent back pain. The patient continues to demonstrate palpable muscle spasm, diminished range of motion, positive straight leg raising. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.