

Case Number:	CM13-0018634		
Date Assigned:	10/11/2013	Date of Injury:	09/17/2002
Decision Date:	01/28/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/30/2013

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 and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 09/17/2002. The patient is currently diagnosed with lumbago and displaced lumbar intervertebral disc. The patient was recently seen by [REDACTED] on 10/04/2013. The patient reported persistent lower back pain. Physical examination revealed positive trigger points in the lumbar spine. Treatment recommendations included an H-wave trial for 30 days, continuation of current medications, and acupuncture 2 times per week for 4 weeks for trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 67-73.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient reports low back pain with radiation to the left

lower extremity despite continued use of medications. NSAIDS are recommended for only short-term use and there is no evidence to recommend 1 drug in this class over another based on efficacy. Based on the clinical information received, the request is non-certified.

Dendracin: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin lotion contains methyl salicylate, capsaicin, and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, and is indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. As per the clinical notes submitted, there is no indication that the patient has failed to respond to first line therapy with oral medication prior to the initiation of a topical analgesic. California MTUS Guidelines further state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The medical necessity for the requested medication 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 Chronic Pain Medical Treatment Guidelines Page(s): 78 and 80. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-82. 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 nonopioid analgesics. Baseline pain and functional assessment 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 pain. 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.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66..

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient complains of low back pain with radiation to the left lower extremity. There is no documentation of palpable muscle spasm or muscle tension. Muscle relaxants are not recommended for long-term use. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Acupuncture for the lumbar spien and left leg (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week and optimum duration includes 1 to 2 months. The current request for 8 sessions of acupuncture treatment for the lumbar spine and left lower extremity exceeds guideline recommendations for an initial trial of acupuncture. As such, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Flexeril 10mg #60: 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 Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63-66..

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As per the clinical notes submitted, the patient complains of low back pain with radiation to the left lower extremity. There is no documentation of palpable muscle spasm or muscle tension. Muscle relaxants are not recommended for long-term use.

Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.