MAXIMUS Federal Services

Case Number:	CM13-0026512		
Date Assigned:	11/22/2013	Date of Injury:	07/11/2012
Decision Date:	07/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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:

The patient is a 46 year old male who reported an injury on 07/11/2012. The mechanism of injury was a motor vehicle accident. The patient was diagnosed with lumbar disc protrusion, lumbar radiculopathy and lumbar musculoligamentous. The clinical documentation stated the patient continued to complain of lumbar pain with radiation into the left lower extremity with numbness and tingling. The physical examination of the lumbar spine revealed tenderness to palpation over the lumbar paravertebral muscles with muscle spasm of the lumbar paravertebral muscles. The patient has a positive straight leg raise test. An MRI showed disc desiccation with loss of disc height at L3-L4, L4-L5, as well as L5-S1. At the L4-L5 level, there was significant and severe foraminal stenosis consistent with the patient's complaints of left-sided leg pain. The patient was treated with physical therapy, pain medication, topical analgesics and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin #30 07/10/2013: 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 Capsaicin Page(s): 28.

Decision rationale: The clinical documentation submitted for review does not meet guideline recommendations. The patient complained of lumbar pain with radiation into the left lower extremity with numbness and tingling. CA MTUS stated there are positive randomized studies with capsaicin in patients with osteoarthritis and fibromyalgia. However, the clinical documentation submitted does not indicate the patient is having arthritis or fibromyalgia. Given the lack of documentation to support criteria guidelines, the request is not medically necessary.

Retrospective Flurbiprofen #30 07/10/13: 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 Flurbiprofen Page(s): 71-72.

Decision rationale: The clinical documentation submitted for review does not meet guideline recommendations. The patient complained of lumbar pain with radiation into the left lower extremity with numbness and tingling. CA MTUS states that Flurbiprofen is recommended primarily for the treatment of osteoarthritis and that the maximum daily dose is 300 mg/day; with the maximum divided dose at 100 mg. Flurbiprofen is a non-selective COX-1 and COX-2 inhibitor. Side effects may include headache, dizziness, insomnia, rash including life-threatening skin reactions and abdominal cramps, nausea/vomiting, diarrhea, constipation, flatulence; as well as tinnitus and anemia. However, the patient has been diagnosed with lumbar disc protrusion, lumbar radiculopathy and lumbar musculoligamentous which does not support the use of flurbiprofen according to the guidelines. Given the lack of documentation to support criteria guidelines, the request is not medically necessary.