

Case Number:	CM13-0032164		
Date Assigned:	12/04/2013	Date of Injury:	11/24/2009
Decision Date:	02/11/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery, 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 54-year-old female who was injured in a work related accident on 11/24/09. The clinical records for review indicate that the claimant has recently undergone 04/25/13 L4-5 and L5-S1 decompression and interbody fusion. Available for review was a recent 07/02/13 assessment with the provider, indicating low back complaints and bilateral lower extremity pain. It states that she is feeling improved since previous visit with an examination showing diffuse weakness and breakthrough weakness of the lower extremities in a diffuse fashion. An assessment at that date was status post prior surgery with continued low back complaints. The plan at that time was for multiple topical compounded cream as well as blood work in the form of comprehensive metabolic panel and a request for "x-ray at next office visit." A referral was also made for a "sleep apnea."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective comprehensive metabolic panel with magnesium (DOS: 7/30/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure

Decision rationale: The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, there would be no current indication for a comprehensive metabolic panel from the date in question, given the claimant's current clinical presentation. Follow up lumbar fusion procedure would not in an of itself be a diagnostic indicator of need for laboratory assessment to include a magnesium test. The specific request in this case would not be indicated.

X-ray on the next office visit (body part unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure: Radiography (x-rays)

Decision rationale: The role of radiographs in this case would not be indicated. The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria, while the role of a lumbar radiograph would be indicated following a fusion procedure, the specific radiograph in question to body part in question is not documented. The vague request for an "x-ray" without further particulars in this case, thus would not be indicated.

Consultation with Dr. ishaaya for sleep apnea: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

Decision rationale: Based on the California ACOEM Guidelines, referral for sleep apnea would not be indicated. The claimant's current clinical assessment and diagnosis do not include that of sleep disorders or indication of sleep disorders that have been treated with first line therapeutic modifiers. This specific request for a referral in regard to a diagnosis of sleep apnea would not be indicated.

Flurbiprofen 20% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-113.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the role of Flurbiprofen would not be indicated. Topical antiinflammatories are only supported in the form of Diclofenac. The role of Flurbiprofen is currently not a medication for which guideline criteria would support topical use. The specific request in this case would not be indicated.

Ketoprofen 20% /Ketamine 10% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-113.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the topical agent that includes Ketoprofen and Ketamine would not be indicated. The MTUS guidelines indicate that Ketoprofen is not a FDA (Food and Drug Administration) approved agent in the topical setting. The role of Ketamine is also under study with clinical trials not support its long term use for anything other than neuropathic pain in refractory cases. This specific request in this case would not be indicated.

Gaba[emtom 10%/Cyclobenzaprine 10%/Capsaicin 0.0375%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesic Page(s): 111-113.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the combination agent that includes Gabapentin, Cyclobenzaprine and Capsaicin is not indicated. Capsaicin was being recommended at a dose of 0.375%. The MTUS guidelines only indicate the role of Capsaicin in formularies up to 0.25%. Also, Capsaicin is only indicated for claimants who are nonresponsive or intolerant to other forms of first line treatment. Furthermore in this case, the role of Gabapentin and Cyclobenzaprine are not supported by guideline criteria for topical use.