

Case Number:	CM13-0032842		
Date Assigned:	12/06/2013	Date of Injury:	02/05/2013
Decision Date:	02/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in 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 31-year-old male who reported an injury on 02/05/2013. The patient is currently diagnosed with thoracic spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, left leg prosthesis, stress and anxiety. The patient was recently seen by [REDACTED] on 10/25/2013. The patient reported 6/10 pain with medication. Physical examination revealed tenderness to palpation over the spinous processes from T4 through T8 and paravertebral muscles bilaterally, decreased range of motion, positive straight leg raising 2+ deep tendon reflexes. Treatment recommendations included continuation of current medications and continuation of physical therapy and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xoten-C pain relief gel 120 ml between 8/21/13 and 10/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state topical analgesics are considered 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. As per the clinical notes submitted, there is no indication of neuropathic pain on physical examination. Additionally, there is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Therefore, the request is non-certified.

1 prescription of Prilosec 20 mg #60 between 8/21/13 and 10/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no indication of any gastrointestinal complaints or conditions that would warrant the need for a proton pump inhibitor. Therefore, the request is non-certified.

1 prescription of Flexeril 7.5 mg #30 between 8/21/13 and 10/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain 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. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, there is no indication of palpable muscle spasm or muscle tension upon physical examination. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 6/10 pain with medication. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.