

Case Number:	CM13-0036796		
Date Assigned:	12/13/2013	Date of Injury:	08/22/2012
Decision Date:	02/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine and Pulmonary Diseases, 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 55-year-old female who reported an injury on 8/22/12 due to lifting a heavy object which caused injury to her low back. The patient's most recent clinical evaluation revealed low back pain radiating into the bilateral lower extremities rated at an 8/10. Physical findings included tenderness and muscle spasms in the lumbosacral area with neurological deficits to include decreased sensation along the L5-S1 dermatomes. The patient's diagnoses included sprain/strain of the lumbar region, herniated disc with radiculopathy at the L4-5 and L5-S1 levels, and degenerative disc disease at the L4-5 and L5-S1 levels. Treatment recommendations included fusion of the L4-5 and L5-S1 levels and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Protonix 20mg: 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.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal

events related to medication usage. The most recent clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system to support the need for a gastrointestinal protectant. There is no documentation of side effects affecting the gastrointestinal system related to medication usage. As such, the request is not medically necessary or appropriate.

The request for 60 Voltaren 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 67.

Decision rationale: California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of increased functional benefit. The most recent clinical documentation submitted for review does not provide any evidence that the patient is receiving any significant pain relief. The patient's pain complaints are documented consistently as 8/10. Additionally, there is no documentation of significant functional benefit related to the patient's medication schedule. Therefore, continued use of the patient's medications would not be supported. As such, the request is not medically necessary or appropriate.

The request for 120ml of Terocin: 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.

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has any significant pain relief or increased function related to medication usage. The requested medication contains methyl salicylate, Lidocaine, Capsaicin, and menthol. While the use of methyl salicylate is recommended by California Medical Treatment Utilization Schedule, the use of Capsaicin and Lidocaine are not recommended as first line medications. The California Medical Treatment Utilization Schedule only recommends the use of Capsaicin as a topical agent when the patient has failed to respond to other therapy and treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to other therapies or treatments. Additionally, the requested compounded medication contains Lidocaine. The California Medical Treatment Utilization Schedule does not support the use of Lidocaine in a cream formulation as it is not FDA approved in a cream formulation for the use of treatment of neuropathic pain. The California Medical Treatment Utilization Schedule does not recommend any medication that contains an element that is not supported by guideline recommendations. As such, the request is not medically necessary or appropriate.

