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| Case Number: | CM13-0037569 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 12/02/2012 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 33-year-old male with date of injury on 12/02/2012. The progress report by [REDACTED] on 08/19/2013 indicates that the patient's diagnoses include: (1) Thoracic compression fracture with residual painful limited motion, (2) Low back pain, rule out herniated disk, (3) Complaints of abdominal pain, (4) Complaints of depression, anxiety, and sleep difficulty. The patient continues to complain of significant mid and low back pain. Exam findings included decreased painful motion of the thoracic and lumbar spine. He has tenderness to palpation over the mid and low back. It was noted that the patient had a significant prior right femur injury. He fractured his femur approximately 4 years ago for which he underwent close reduction and internal fixation. Because of the ongoing significant symptoms and findings on exam, further treatment is indicated. A request was made for authorization for a soft tissue ultrasound because of his ongoing right leg pain. The patient was also prescribed medication in the form of Naprosyn, Prilosec for prophylactic GI symptoms, and Medrox cream as a topical analgesic. Utilization review letter dated 09/30/2013 issued non-certification of the Naprosyn, Prilosec, Medrox, and ultrasound of the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Naprosyn: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient continues with significant mid and low back pain. MTUS Guidelines page 22 regarding antiinflammatory medications states that antiinflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. The utilization review letter dated 09/30/2013 indicated that the patient had prior GI ulcer as the rationale for denial of the NSAID. MTUS page 69 regarding NSAIDs, GI symptoms, and cardiovascular risk states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease recommends a nonselective NSAID with either a PPI or misoprostol or a COX-2 selective agent long term with PPI use. The prescription of Naprosyn appears to be reasonable as the patient was also prescribed Prilosec for GI symptoms. Therefore, authorization is recommended.

Decision for Prilosec: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient continues with mid and low back pain. The patient was prescribed Naprosyn and has a history of peptic ulcer according to utilization review letter dated 09/03/2013. MTUS page 69 regarding NSAIDs, GI symptoms, and cardiovascular risks recommends the use of a nonselective NSAIDs with the use of a PPI. The patient is also being prescribed Naprosyn, a combination of Naprosyn with a PPI appears to be reasonable in this case with history of GI ulcer. Therefore, authorization is recommended.

Decision for Medrox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient continues with significant mid and low back pain. The patient was prescribed Medrox cream which contains menthol, capsaicin, and methyl salicylate. The concentration of capsaicin is 0.0375%. MTUS Guidelines page 111 to 113 regarding topical analgesics states that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding capsaicin, MTUS states that it is recommended only as an option in patients who have not responded or intolerant to other

treatments. MTUS specifically states that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.25% formulation would provide any further efficacy. As the concentration amount does not appear to be supported by the guidelines noted above the Medrox cream does not seem to be supported. Therefore, recommendation is for denial.

Decision for Ultra sound- right leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 491. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: MTUS Guidelines were silent regarding the diagnostic ultrasound for soft tissues of the thigh and leg. There are indications for ultrasound for the joints for guidance for knee injections. ACOEM Guidelines page 491 regarding evidence-based medicine states that evidence-based medicine focuses on the need for healthcare providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of healthcare decision making. The request for ultrasound in the right leg for diagnostic purposes due to persistent pain status post 4 years of right leg fracture does not appear to be reasonable as the patient was not complaining of leg pain specifically and physical exam did not indicate any significant pathology. The treating physician did not discuss specific concerns that he was looking for with the diagnostic ultrasound. Therefore, recommendation is for denial.