

Case Number:	CM13-0039017		
Date Assigned:	12/18/2013	Date of Injury:	03/01/2000
Decision Date:	02/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Practice, 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 40-year-old male who reported a work-related injury on 03/01/2000, specific mechanism of injury not stated. The patient presents for treatment of low back, left hip and right wrist pain. The clinical note dated 09/19/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient utilizes the following medication regimen, Lidoderm patch, Lortab, glimepiride, hydrocodone acetaminophen, Lisinopril, Metformin, Celebrex, and Lyrica. The provider documented upon physical exam of the patient, 6/10 pain was reported. Range of motion of the lumbar spine was 60 degrees flexion, 15 degrees extension, 30 degrees left lateral rotation, and 15 degrees right lateral rotation. The provider documented 5/5 motor strength throughout the right lower extremity and 3/5 motor strength throughout the left lower extremity. Sensation was intact to light touch and pinprick throughout all dermatomes. The provider documented administering prescriptions for Lortab and Lidoderm patch for pain, and topical analgesics for nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Cyclobenzaprine 10%/ Gabapentin 10 % 30gm gel: Upheld

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

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

Decision rationale: The current request is not supported. The clinical notes evidence the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 2000. The clinical notes document the patient is utilizing Lyrica as well as a Lidoderm patch for neuropathic pain complaints. The current compounded medication is not supported, as gabapentin is not recommended via California Medical Treatment Utilization Schedule (MTUS) Guidelines for topical application. California Medical Treatment Utilization Schedule (MTUS) indicates any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given the above, the request for one prescription of Cyclobenzaprine 10%/ Gabapentin 10 % 30gm gel is not medically necessary or appropriate

One prescription of Lortab 7.5/500mg #60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. California Medical Treatment Utilization Schedule (MTUS) indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical notes fail to evidence the patient reports significant overall efficacy as noted by a decrease in rate of pain on a visual analog scale (VAS) increase in objective functionality as a result of utilizing this opioid chronic in nature. Therefore, given the above, the request for one prescription of Lortab 7.5/500mg #60 with two refills is not medically necessary or appropriate.

One interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 120.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence of the patient having been unresponsive to recent conservative measures to support utilization of this intervention, as California Medical Treatment Utilization Schedule (MTUS) indicates specific criteria for use of this durable medical equipment. There

must be evidence that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects or history of substance abuse or significant pain from postoperative conditions limiting the patient's ability to perform exercise programs with physical therapy treatment or the patient is unresponsive to conservative measures. Given the above, the request for one interferential unit is not medically necessary or appropriate.