MAXIMUS Federal Services

Case Number:	CM13-0044334		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2012
Decision Date:	03/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 35 year old male who reported an injury on 08/18/2012 due to a fall off a ladder of approximately 20 feet and landing on his feet. The patient reportedly injured his low back. The patient underwent electrodiagnostic studies that determined the patient had chronic bilateral active L4-5 radiculopathy. The patient's previous treatments included physical therapy, medications. The patient's most recent clinical evaluation revealed the patient had limited lumbar range of motion secondary to pain and stiffness with a positive straight leg raising test bilaterally. The patient's diagnoses included a herniated disc of the L4-5 and L5-S1 with radiculopathy, anxiety and depression, insomnia, moderate obesity. The patient's treatment plan included continuation of medications, a pain management consult for an epidural steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 3 times a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, a short course of treatment would be indicated to re-educate and re-establish a home exercise program for the patient. The requested physical therapy 3 times a week for 6 weeks would be considered excessive. As such, the requested physical therapy 3 times a week for 6 weeks is not medically necessary or appropriate.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for development of gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for development of gastrointestinal disturbances related to medication usage. Therefore, the need for Prilosec 20 mg is not clearly established. As such, the requested Prilosec 20 mg #90 is not medically necessary or appropriate.

Ketoprofen Topical Cream: Upheld

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

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

Decision rationale: The requested Ketoprofen Topical Cream is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of Ketoprofen as a topical analgesic as it is not FDA approved in this formulation. Therefore, the use of this medication would not be indicated. As such, the requested Ketoprofen topical cream is not medically necessary or appropriate.

Gabapentin Topical Cream: Upheld

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

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

Decision rationale: The requested gabapentin topical cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as there is no peer reviewed literature to support use of this medication in a topical formulation. As such, the requested Gabapentin topical cream is not medically necessary or appropriate.

Tramadol: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier

Decision rationale: The requested tramadol topical cream is not medically necessary or appropriate. Peer reviewed literature does not support the use of opioids as topical analgesics as there is no scientific evidence to establish the efficacy and safety of this type of medication. Therefore, the use of tramadol topical cream is not medically necessary or appropriate.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing(UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Page(s): 43.

Decision rationale: The requested urine toxicology is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of urine drug screens for patients who are at risk or suspected of using illicit drugs or exhibit noncompliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms of overuse or withdrawal or physical manifestations of illicit drug use. Therefore, the need for a urine toxicology is not clearly indicated. As such, the requested urine toxicology is not medically necessary or appropriate.