

Case Number:	CM13-0045353		
Date Assigned:	12/27/2013	Date of Injury:	02/20/2005
Decision Date:	03/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. 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 41-year-old male who reported a work related injury on 02/20/2005 as a result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses: myoligamentous strain of the lumbar spine with right L5 radiculopathy and history of abnormal liver function testing. The clinical note dated 10/07/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of constant severe low back pain radiating into the bilateral lower extremities as well as complaints of cervical spine pain. The provider documented, upon physical exam of the patient, range of motion of the lumbar spine was decreased and there was tenderness noted upon palpation. The provider documents request for an MRI of the lumbar spine. The patient is to continue with his medication regimen indicative of Omeprazole, tramadol, Gabapentin, and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Lidocaine 5% Menthol 1% Camphor 1%: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with this topical analgesic for his pain complaints. The clinical notes did not indicate a decrease in rate of pain on a VAS scale or increase in objective functionality as a result of utilizing this medication. In addition, California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, California MTUS does not support topical applications of lidocaine. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review did not evidence the patient presented with gastrointestinal complaints to support utilization of this medication, as per California MTUS Guidelines. In addition, the clinical notes failed to document the patient's reports of efficacy of utilization of this medication with any gastrointestinal symptomatology the patient may have. Given all of the above, the request for Omeprazole 20mg is not medically necessary or appropriate.

Gabapentin 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The current request is not supported. California MTUS indicates that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical notes failed to document the patient's reports of efficacy with utilization of this medication for any neuropathic complaints the patient may have. The clinical notes did not indicate a decrease in the patient's rate of pain on a VAS scale or increase in objective functionality as a result of utilizing this medication. Furthermore, the provider failed to document dosage frequency of this medication by mouth q. day for the patient's pain complaints. Given all of the above, the request for Gabapentin 250mg is not medically necessary or appropriate.