

Case Number:	CM13-0047119		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2009
Decision Date:	03/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/05/2013

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 & Rehabilitation, 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 44-year-old male who reported injury on 08/26/2009. The mechanism of injury was noted to be the patient was delivering a box of the inmate's belongings when he struck his left elbow against the inmate's television set. The most recent clinical documentation submitted for review was dated 05/02/2013. The patient was noted to be taking ibuprofen and Vicodin, and when his pain increased, he took more ibuprofen and was noted to use Prilosec to control GI (gastrointestinal) symptoms. The patient at that point had tenderness over the spinous processes from L4-5 and L5-S1. He could forward flex and get fingertips to the floor. He extended to neutral smoothly. The patient was noted to have discomfort over the SI (sacroiliac) joints. The diagnoses were noted to be lumbar spondylosis and chronic sprain of the lumbar spine. The treatment plan was noted to be a physical therapy program twice a week for 4 weeks, naproxen, Vicodin, and omeprazole, as well as Terocin x12 refills for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The clinical documentation submitted for review failed to provide the patient's previous treatments, as the injury was noted to be reported on 08/26/2009. There was a lack of documentation indicating the patient's prior physical therapy treatments, as well as the patient's previous objective functional response to the treatment. There was a lack of documentation of a recent thorough physical examination, as the most recent note submitted for review was dated 05/02/2013. There was a lack of documentation indicating the functional deficits to support ongoing treatment and the patient should be well versed in a home exercise program. Given the above, the request for 8 physical therapy sessions to the lumbar spine is not medically necessary.

Naproxen 550mg x 12 refills #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Nonsteroidal anti-inflammatory drugs) Page(s): 67-70.

Decision rationale: The California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review was dated 05/02/2013 and it failed to provide the documented objective functional benefit and objective decrease in the VAS (visual analogue scale) score to support ongoing usage of this medication. Additionally, there is a lack of documentation indicating a necessity for 12 refills of the medication without re-evaluation. Given the above, the request for naproxen 550 mg x12 refills #60 is not medically necessary.

Vicodin 5/500mg x 12 refills #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for chronic pain, ongoing management Page(s): 78.

Decision rationale: The California MTUS guidelines indicate that opiates are appropriate for the treatment of chronic pain. However, there should be documentation of a quantitative assessment of pain relief, objective functional benefits, and there should be evidence that the patient is being monitored for aberrant behavior. The most recent documentation submitted for review was 05/02/2013. The clinical documentation submitted for review failed to provide documentation of the above recommendations. Additionally, there was a lack of documentation indicating a necessity for 12 refills without re-evaluation. Given the above, the request for Vicodin 5/500 mg x12 refills x60 is not medically necessary.

Omeprazole 20mg x 12 refill #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Nonsteroidal anti-inflammatory drugs) Page(s): 69.

Decision rationale: The California MTUS recommends PPI's (Proton pump inhibitors) for the treatment of dyspepsia secondary to NSAID (Nonsteroidal anti-inflammatory drug) therapy. The clinical documentation submitted for review indicated the patient was taking omeprazole for gastric sparring. However, there was a lack of documentation of a recent objective examination to address efficacy as the most recent documentation was 05/02/2013. There was a lack of documentation indicating a necessity for 12 refills of omeprazole without re-evaluation. Given the above, the request for omeprazole 20 mg x20 #60 is not medically necessary.

Terocin lotion 120 ml x 12 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Salicylate Section Topical Analgesic Section Topical Capsaicin Section Lidoca.

Decision rationale: The California states that topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments... Lidocaine... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the patient had a recent objective physical examination as the most recent documentation was 05/02/2013. Additionally, there was a lack of documentation indicating the patient had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of objective functional benefit received from the medication. There was a lack of documentation indicating a necessity for 12 refills without re-evaluation. Given the above, the request for Terocin lotion 120 mL x12 refills is not medically necessary.