

Case Number:	CM13-0047706		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2012
Decision Date:	03/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pain Medicine and is licensed to practice in Oklahoma and 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 49-year-old male who reported an injury on 10/01/2012 secondary to repetitive motion while working as a janitor. The patient is diagnosed with herniated nucleus pulposus of the lumbar spine with stenosis, lumbar radiculopathy, compression deformity at L2, and left SI joint dysfunction. The patient was seen by [REDACTED] on 09/24/2013. The patient reported 6/10 back pain with left lower extremity numbness and tingling. Physical examination revealed tenderness to palpation with left paraspinal spasm, limited range of motion, positive Faber's testing on the left, and tenderness to palpation over the left SI joint. Treatment recommendations included continuation of Terocin and cyclobenzaprine as well as left SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief lotion: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

Cyclobenzaprine 7.5 mg tablet #60 QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 weeks to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal paraspinal muscle spasm. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

Left sacroiliac (SI) joint injection QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint blocks.

Decision rationale: Official Disability Guidelines state history and physical should suggest the diagnosis, and there should be a diagnostic evaluation addressing any other possible pain generators. There is no documentation of at least 3 positive examination findings. There is also no evidence of a failure to respond to at least 4 weeks to 6 weeks of aggressive conservative therapy. Based on the clinical information received, the request is non-certified.