

Case Number:	CM13-0048194		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2011
Decision Date:	04/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 expert 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 72-year-old male who reported an injury on 09/09/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with L4-5 stenosis with anterolisthesis and disc herniation. The patient was recently seen by [REDACTED] on 10/04/2013. The patient reported persistent lumbar spine pain with radiation to bilateral lower extremities. Current medications included Flexeril, Ultram, Ambien, and Biotherm. Physical examination revealed limited lumbar range of motion, tenderness to palpation, and positive straight leg raising on the right. Treatment recommendations included continuation of current medications and a 30 day trial of a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - Transcutaneous Electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home-based trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. It is noted that the patient has tried and failed NSAID and exercise therapy. However, there was no documentation of a treatment plan including the specific short and long term goals of treatment with the TENS unit. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.

ULTRAM 50 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur with opioid use. As per the documentation submitted, the patient has utilized Ultram 50 mg since at least 02/2013. Despite ongoing use, the patient continues to report persistent pain with bilateral lower extremity radiation. There is no documentation of functional improvement with the use of this medication. The patient's physical examination continues to reveal limited range of motion, tenderness to palpation, and positive straight leg raising. Based on the clinical information received, the request is non-certified.

AMBIEN 5MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. As per the documentation submitted, the patient has utilized Ambien 5 mg since at least 02/2013. However, there is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to first line treatment as recommended by Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

BIOTHERM (METHYL SALICYLATE 20%/ MENTHOL; 10%/ CAPSAICIN 0.002% 4 OUNCES: 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): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, the patient has utilized Biotherm since at least 02/2013. Despite ongoing use of this medication, the patient continues to report persistent symptoms. There is also no evidence of a failure to respond to first line oral medication. Based on the clinical information received, the request is non-certified.