

Case Number:	CM13-0052068		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2011
Decision Date:	03/12/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Pain Management and Rehabilitation has a subspecialty in Interventional Spine 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 66-year-old male with date of injury of 6/3/11. The progress report dated 11/25/13 by [REDACTED] indicates that the patient's diagnoses include musculoligamentous sprain/strain of lumbosacral spine, probable L5 spondylolysis, and diffuse spondylosis. The patient continues to have low back pain with radicular symptoms into the right lower extremity. The patient has recently undergone epidural steroid injection which provided 50% relief of his pain. Pain is now rated at 3/10. The patient reports that medication helped. Exam findings indicate mild decreased sensation and power on the right L5-S1. There was a slight antalgic gait. The patient was unable to heel walk or toe walk. There is minimal lumbar tenderness. There is about 20% decrease in range motion of the lumbar spine. MRI findings from 10/28/13 indicated diffuse degenerative disc disease, probable lysis at L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for 120 ml of Mentherm ointment (10/30/13): 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 Page(s): 105, 111-113.

Decision rationale: The patient continues to have low back pain with radicular symptoms in the lower extremities. The MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, the MTUS also states that topical NSAIDs are indicated for osteoarthritis and tendinitis, specifically that of the knee and elbow or other joints that are amenable to topical treatment. The MTUS further states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain. The patient appears to have low back pain with radicular symptoms into the lower extremity, and does not appear to present with peripheral arthritic or tendinitis problems that would benefit from topical NSAIDs. Therefore, the request is noncertified.

request for 60 Ultram 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 81, 88-89, 93-94.

Decision rationale: The patient continues with significant low back pain, but he has had a recent significant improvement in pain secondary to epidural steroid injection. The medical records indicate the patient was started on Tramadol on 9/16/13. The reports dated 10/14/13, 10/30/13, and 11/25/13 indicate the patient reported that medications were helpful. The MTUS guidelines recommend the ongoing monitoring of the 4 A's which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The MTUS also recommend evaluation of current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The medical records include general statements of improved symptoms with pain medication. However, there is no numerical scale indicating the amount of pain relief the patient has received from the medication, and no specifics regarding functional improvement. Therefore, the request is noncertified.