

Case Number:	CM13-0054531		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2003
Decision Date:	04/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/19/2013

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 Occupational Medicine 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:

Patient is a 62-year-old male with date of injury 12/22/2003. Injury occurred when he was lifting a tire onto a vehicle while employed as an auto mechanic. An AME noted in his 04/04/2013 report that the patient had been declared permanent and stationary since 2009. The primary treating physician's supplemental report dated 1/9/2014 states patient's subjective complaints as pain in the lumbar spine that radiated into the bilateral lower extremities despite medications. Objective findings, from an examination performed on 5/3/2013, showed no change in the patient's signs and symptoms. There was significant impairment in all four planes of motion. Tenderness along the lumbar paravertebral musculature extending to the lumbosacral junction with associated moderate hypertonicity was noted. Diagnosis: Displacement of thoracic or lumbar intervertebral disc without myelopathy, postlaminectomy syndrome of lumbar region, spinal stenosis of lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified, and sprain of the lumbar region. The following medication regimen has been unchanged since at least October 2012: Cialis 20mg 1Q3 days, Medrox Ointment applied as needed, Nizatidine 150 mg 3 times a day Norco 10/325 mg 4 times a day as needed, Zanaflex 4mg 3 times a day as needed. It is noted throughout the record that the patient is able to drive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cialis 20mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: Cialis Full Prescribing Information, Eli Lilly & Co., 2013

Decision rationale: According to the manufacturer's packaging insert, Cialis is indicated for erectile dysfunction and benign prostatic hyperplasia. The medical record provides no documentation that the patient's erectile dysfunction is a work-related condition. Cialis is not medically necessary.

Home Care 6 hours, 7 days a week for 6 weeks: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services

Decision rationale: The patient is neither homebound, nor requiring medical treatment to be given at home. According to Official Disability Guidelines, home health care is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home Care 6 hours 7 days a week for 6 weeks is not medically necessary.

Medrox: 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): 28, 112-113.

Decision rationale: Medrox ointment contains a topical analgesic with the active ingredients, Capsaicin 0.0375%, and Menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin 0.025% topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to Chronic Pain Medical Treatment Guidelines there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Medrox ointment is not medically necessary.

Nizatidine 150mg #60: 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.

Decision rationale: Nizatidine is a histamine H2-receptor antagonist that inhibits stomach acid production, and commonly used in the treatment of peptic ulcer disease (PUD) and gastroesophageal reflux disease (GERD). It is sometimes given prophylactically to prevent PUD when an NSAID (non-steroidal anti-inflammatory drugs) is prescribed. According to the Chronic Pain Medical Treatment Guidelines, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend Nizatidine. Nizatidine request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of Opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Dept of Health Care Services Chapter 12.1, Criteria for Medical Transportation and Related Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services Non-emergency medical transportation

Decision rationale: The medical record indicates that the patient is still driving his own vehicle. Regardless, a patient's transportation needs back and forth to doctor visits is not a medical issue;

consequently, it is not covered and California Labor Code, section 4610. An independent medical review officer normally will not speak to the issue of either to authorize or not to authorize transportation to and from a doctor's office. This issue would be better decided by the claims administrator. The California Department of Health Care Services Criteria Manual offers some guidance. Nonemergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. The patient is still driving his own vehicle and the use of his vehicle or other methods of transporting himself back and forth to the physician is not medically contraindicated; therefore, transportation is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: Muscle relaxants are recommended with caution only on a short-term basis. The medical record shows that patient has been taking the muscle relaxant for an extended period of time; in addition, the previous utilization review decision allowed for the patient to wean off of Zanaflex. Zanaflex is not medically necessary.