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| Case Number: | CM13-0055013 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/05/2008 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 10/24/2013 |
| 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 Physical Medicine 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 69-year-old male with a date of injury of 05/05/2008. The listed diagnoses per [REDACTED] dated 10/16/2013 are lumbar disk bulge with radiculitis, status failed postop radiofrequency desensitization, urinary incontinence, sexual dysfunction secondary to complication of failed radiofrequency desensitization and insomnia. According to report dated 10/16/2013 by [REDACTED], the patient presents with complaints of low back pain. The patient also complains of constant bilateral leg radiculopathy, left leg worse than right. There is numbness, tingling, and pain that radiates down the leg to the toes. The symptoms were noted to worsen with prolonged standing, sitting, and driving. It was noted that patient had multiple LS epidural injections. The physical examination revealed severely atrophied left biceps and palpable tenderness of bilateral lumbar paraspinal muscles. The patient had a decrease in range of motion on all planes. It was noted patient had decreased sensation of bilateral lower extremities of L5 and S1 with severe lumbar muscular spasm with difficulty moving in all directions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical transdermal cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with continued complaints of back pain. The provider is requesting "topical transdermal cream." The California MTUS Guideline has the following regarding topical creams, page 111 chronic pain section, "topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. MTUS further states "any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Review of records dating from 05/11/2013 to 10/16/2013 does not have any indications of what ingredients are in this "topical transdermal cream." Given there are no indications of what the requested "topical transdermal cream" consists of and MTUS statement that "topical analgesics are largely experimental," recommendation is for denial.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: This patient presents with continued complaints of low back pain. The provider is requesting Omeprazole 20 mg #60. The California MTUS Guidelines states Omeprazole is recommend with precautions such as clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, determine if the patient is at risk for gastrointestinal events, age is greater than 65 years, history of peptic ulcers, GI bleeding, or perforation, concurrent use of ESI corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. In this case, the provider does not provide any GI risk assessment. There is no mention of gastric irritation or pain or peptic ulcer history. In addition, medical records dating from 05/11/2013 to 10/16/2013 indicate patient was prescribed NSAIDs for short period of time on 05/11/2013. However, all other subsequent reports do not indicate NSAIDs were prescribed. Recommendation is for denial.