

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0055128 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/25/2011 |
| Decision Date: | 03/13/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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:

Claimant is a 45-year-old female with date of injury 4/25/2011. Progress note dated 1/2013 through 10/2013 were provided for review. The most recent progress note dated 10/28/2013 reports that the claimant complained of low back pain with numbness and tingling radiating in the legs. She is taking medications to be functional. Her psychiatrist requested that she refrain from using Tramadol. She is on multiple psychotropic medications (BuSpar, Effexor, and Trazadone) for stress, anxiety and depression. On exam the claimant is noted to exhibit a wide gait using a cane. She has tenderness along the lumbar paraspinal muscles bilaterally, pain with facet loading and pain along facets at L3 to S1 bilaterally. Diagnoses include: 1) discogenic lumbar condition with radicular component down the lower extremities and negative EMGs 2) weight gain of 30 pounds, presently weighing 200 pounds 3) elements of depression 4) headaches related to the pain. Treatment plan includes attempting to gradually wean claimant off Norco, possible injections, MRI of lumbar spine to evaluate for level and extent of disc herniation and evaluate for progression of disease. She is not working, is given activity restrictions, and prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The claimant has already had an MRI of her low back, and these guidelines do not provide recommendations regarding repeating MRI of the low back. There is not a substantial explanation from the requesting provider regarding why a repeat MRI is needed. In the report dated 1/5/2013, the provider states that a copy of the MRI of the lumbar spine is being requested, and that a repeat MRI of the lumbar spine would be requested if it has been greater than one year old. Then on 4/25/2013 the same provider reports "In light of constant intense pain in the low back and it has become worsening pain, we would like to request an MRI of the low back to evaluate her condition...". Based on the guidelines quoted above and review of the clinical documents provided, the request for MRI is determined to not be medically necessary.

The requested treatment for Terocin Patches #20 Topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111.

Decision rationale: Menthol is an active ingredient in Terocin that these guidelines do not address. These guidelines report that the use of combination topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The claimant does not meet the criteria for the use of Capsaicin as she is provided other therapies that do provide benefit. The request for Terocin patches #20 is determined to not be medically necessary.

The requested treatment for Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The claimant does not meet the risk criteria for gastrointestinal events. Also, the medication requests for Terocin Patches, LidoPro Lotion, and Naproxen are not recommended. The request for Protonix 20mg #60 is determined to not be medically necessary.

The requested treatment for LidoPro Lotion 4 oz. 2-3 times a day PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,11.

Decision rationale: These guidelines report that the use of combination topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. The claimant does not meet the criteria for the use of Capsaicin as she is provided other therapies that do provide benefit. The request for LidoPro Lotion is determined to not be medically necessary.

The requested treatment for Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The claimant has exceeded the trial period of Gabapentin, and it is not clearly documented her response to this specific medication. The claims adjuster is recommending weaning off the medication, hence the partial certification. The claimant has already had some medications denied upon utilization review, and her provider is attempting to wean her off Norco. Attempting to wean the claimant of Gabapentin at this time does not appear prudent but should be considered if there truly hasn't been any benefit from its use. The choice of Gabapentin as treatment for this claimant's pain is reasonable and supported by these guidelines. Continuing the medication at this time is also very reasonable and the request for Gabapentin 600mg #90 has been determined to be medically necessary

The requested treatment for Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

Decision rationale: The claimant is experiencing chronic low back pain. There is no acute exacerbation that has occurred as reported in the progress notes provided for review. The request for Naproxen 550mg #60 is not consistent with the recommendations of these guidelines, and is determined to not be medically necessary.