

Case Number:	CM13-0057263		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2010
Decision Date:	03/24/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

The patient is a 60 year old male injured worker with date of injury 3/5/10 with related neck, low back, and wrist pain. The 6/1/10 lumbar MRI revealed broad-based protrusion at the L5-S1 level with spondylolisthesis and foraminal narrowing and facet hypertrophy. At L4-5 there is broad-based protrusion with neural foraminal narrowing. The 6/1/10 MRI of the hips revealed osteoarthritis of the left hip. The 3/5/12 MRI of the cervical spine revealed 4mm of retrolisthesis of C3 on C4 with narrowing of the central canal to as low as 6mm in the anteroposterior dimension. There is effacement of the subarachnoid space and concern for cord compromise at this level. There is low signal seen along the anterior margin of the C3 vertebral body may represent sclerotic lesion, consider CT and/or radiographic evaluation for further characterization. Multilevel discogenic disease, most pronounced within the upper to mid cervical spine, individual levels. Bilateral maxillary sinus disease including up to 1.7cm left maxillary sinus polyp versus retention cyst. Per exam, there is tenderness of the cervical paravertebral muscles with upper trapezial muscles with associated spasms. There is tenderness to the lumbar spine with positive seated nerve root testing and dysesthesia at the L5 and S1 dermatomes. He has received physical therapy for the right shoulder, acupuncture, and medication management. The date of utilization review decision was 11/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once weekly for six weeks to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation submitted for review indicates the injured worker was treated with acupuncture but lacks evidence of functional benefit from the treatment. Per 9/11/13 report "He is attending a course of acupuncture with some improvement. The symptomatology in the patient's upper extremities, bilateral shoulders, lumbar spine and bilateral hips is essentially unchanged." As such, the request is not appropriate and is not medically necessary.

Omeprazole delayed release 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. Since this injured worker is negative for history of peptic ulcer, GI bleeding or perforation, and does not have cardiovascular disease, his risk for gastrointestinal events is low; as such, this request is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: "Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The medical records submitted for review indicate that the injured worker was prescribed this medication 2/20/13, 3/6/13, 4/22/13, 5/29/13, 9/10/13, and 10/16/13. As Cyclobenzaprine is only recommended for short-term use, the request is not medically necessary.

Terocin patch #10: 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): 25, 60 & 111-113.

Decision rationale: Terocin topical lotion contains Menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of Menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary.