MAXIMUS Federal Services

Case Number:	CM13-0061828		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2012
Decision Date:	04/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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:

This 43-year-old claimant has a date of injury of January 5, 2012. She has been treated for discogenic low back pain. This claimant was seen by [redacted] on October 29, 2013. His note documents complaints of low back pain and radiating pain down to the knee. Physical examination demonstrated no specific lower extremity neurologic deficits. [redacted] assessment that day was discogenic lumbar condition with facet inflammation and radiculopathy. [redacted] stated that imaging studies from June 27, 2012, showed no evidence of lumbosacral radiculopathy. Electromyography (EMG) was performed in April of 2013 of the patient's bilateral lower extremities that did not demonstrate any evidence of radiculopathy. Examination performed that day demonstrated no specific neurologic deficits in the lower extremities. Lumbar MRI, low back brace, chiropractic therapy for the lumbar spine, Flexeril, tramadol, LidoPro lotion and Terocin patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The California MTUS Guidelines recommend a lumbar spine MRI when there are unequivocal objective findings that identify specific nerve compromise on neurologic examination. Indiscriminate imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. In this case, this claimant has no convincing evidence of a neural compressive lesion. Therefore, a lumbar MRI is not medically necessary at this time.

A LOW BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

Decision rationale: The California MTUS Guidelines state that back braces have not shown any lasting benefit beyond the acute phase of symptom relief. This claimant has nonspecific low back pain and is beyond the acute phase of the injury. Therefore, the requested low back brace is not medically necessary or appropriate.

CHIROPRACTIC CARE FOR THE LUMBAR SPINE (12 VISITS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The California MTUS Guidelines support manipulation for low back pain without radiculopathy in the first few weeks following the onset of pain. The Guidelines state that efficacy has not been proven for patients with symptoms lasting longer than one month. This claimant has chronic nonspecific low back pain. Therefore, the requested chiropractic care is not medically necessary or appropriate.

FLEXERIL 7.5 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines permit the use of Flexeril as an option using a short course of therapy. The treatment should be brief. FDA Guidelines permit

prescribing for no longer than two weeks total. The current request for 60 tablets exceeds a two week supply. Therefore, the requested Flexeril is not medically necessary or appropriate.

TRAMADOL ER 150MG #60:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84, 94.

Decision rationale: The records provided in this case document this claimant has ongoing complaints related to the shoulders, neck and low back and has been treated with multiple different medications to include other narcotics, such as Percocet, on a chronic basis. When patients are on narcotics on a chronic basis, the MTUS Chronic Pain Medical Treatment Guidelines require ongoing management to include prescriptions from a single practitioner, lowest possible dose, ongoing documentation functional status in the office, and at home the patient should keep a pain diary. There should be use of drug screenings to identify issues of abuse and consideration of consultation with a multidisciplinary pain clinic if the pain does not improve on opioids within three months time. In this case, there is no documentation of an ongoing management program for opioids. Therefore, the requested tramadol is not medically necessary or appropriate.

LIDOPRO LOTION 4 OUNCES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: LidoPro lotion is a compounded pain cream to include lidocaine, Capsaicin, menthol and methyl salicylate. The MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one non-recommended drug is not recommended for use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine is not recommended for non-neuropathic pain. As this claimant has non-neuropathic pain and lidocaine is in LidoPro, LidoPro is not medically necessary or appropriate.

TEROCIN PATCHES #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin patches are a topical medication containing lidocaine and menthol. The MTUS Chronic Pain Medical Treatment Guidelines support topical analgesics, however, any compounded product that contains at least one non-recommended drug is not recommended for use. Topical lidocaine is not recommended for the treatment of non-neuropathic pain. As this claimant has non-neuropathic pain, Terocin patches are not medically necessary or appropriate.