

Case Number:	CM13-0062914		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2003
Decision Date:	04/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 reported an injury on 10/31/2003. The mechanism of injury was not specifically stated. The patient is currently diagnosed with multilevel herniated nucleus pulposus of the lumbar spine, degenerative disc disease with facet arthropathy of the lumbar spine, multilevel herniated nucleus pulposus of the cervical spine, cervical radiculopathy, lumbar radiculopathy, and multiple other complaints including headaches and nausea. The most recent physician progress report was submitted by [REDACTED] on 08/28/2013. The patient reported ongoing neck and lower back pain rated 9/10. Physical examination revealed a nonantalgic gait, significant tenderness to palpation, limited range of motion, decreased sensation, and diminished strength. Treatment recommendations included continuation of current medication including Norco, Zanaflex, and Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

the request for Cyclobenzaprine 7.5 mg, tablet #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, there is no indication of this patient's current utilization of this medication. The patient continuously utilizes Zanaflex 4 mg. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

The request for LidoPro Topical Ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use a few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, the patient has continuously utilized Terocin pain relief lotion. There is no documentation of this patient's current utilization of LidoPro topical ointment. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the request for a topical analgesic. Based on the clinical information received, the request is non-certified.