

Case Number:	CM13-0063435		
Date Assigned:	12/30/2013	Date of Injury:	06/09/2011
Decision Date:	04/15/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 34-year-old male who reported an injury on 06/09/2011. The mechanism of injury involved a fall. The patient is diagnosed with herniated nucleus pulposus, childhood spina bifida, anxiety and depression, insomnia, and industrial slip and fall. The patient was seen by [REDACTED] on 10/31/2013. The patient reported 8/10 low back pain. Physical examination revealed an unsteady gait, weakness in bilateral lower extremities, and positive straight leg raising. Treatment recommendations included renewal of current medications, a spinal cord stimulator implantation, leg braces, and physical therapy 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TRIAL 3 TIMES PER WEEK FOR 6 WEEKS FOR LEG/BACK PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the patient does present with 8/10 pain. The patient does demonstrate significant weakness in bilateral lower extremities with a very unsteady gait. However, the current request for 18 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is non-certified.

SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators (SCS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

Decision rationale: California MTUS guidelines state spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed. Indications include failed back syndrome, complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple sclerosis, and peripheral vascular disease. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a spinal cord stimulator. There was also no documentation of a psychological evaluation prior to the request for a spinal cord stimulator. Based on the clinical information received, the patient does not appear to meet criteria for the requested service. As such, the request is non-certified.

PRESCRIPTION OF SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124..

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. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

PRESCRIPTION OF NORCO 10/325MG #60: Upheld

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

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 non-opioid analgesics. Baseline pain and functional assessments should be made. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

PRESCRIPTION OF PRILOSEC 20MG #90: 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 Page(s): 68-69..

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.

PRESCRIPTION FOR TOPICAL CREAMS CONSISTING OF KETOPROFEN, GABAPENTIN, AND TRAMADOL: Upheld

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

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 with few randomized controlled trials to determine efficacy or safety. The only FDA-approved topical NSAID is diclofenac. Gabapentin is not recommended as there is no evidence for the use of any antiepilepsy drug as a topical product. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.