

Case Number:	CM13-0068130		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2009
Decision Date:	05/29/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 38 year old female who was injured on 06/04/2009. The mechanism of injury occurred from sitting and typing at her work. The clinical noted dated 11/26/2013, indicated diagnoses of discogenic lumbar condition with MRI showing two-level disc disease, element of weight gain of 30 pounds and elements of depression, sleep and stress. The injured worker reported pain in the back daily rated at 8/10, the use of tramadol decreased the pain to about 6-7/10. She reported also having daily numbness and tingling to the low back. The injured worker reported problems with sleep and depression due to chronic pain that resulted in decreasing her activity level. The injured worker had tenderness in the lower back upon palpation. She reported using hot and cold modalities for pain as needed. The request for authorization was submitted on 11/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60 FOR NEXT VISIT: Upheld

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

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

Decision rationale: The injured worker reported pain in the back daily rated at 8/10, and the use of Tramadol decreased the pain to about 6-7/10. The MTUS Chronic Pain Guidelines recommend determining if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; 2 history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID +low-dose ASA). There is lack of evidence in the medical records provided for review indicating the injured worker is at risk for any gastrointestinal events. Therefore, per the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

UA LAB QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Drug testing Page(s): 43, Postsurgical Treatment Guidelines.

Decision rationale: The injured worker reported pain in the back daily. The MTUS Chronic Pain Guidelines recommend drug testing as an option to assess for the presence of misuse of medication. There is no evidence of misuse of medications in the medical records provided for review. Therefore, per the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

LIDOPRO CREAM 4OZ FOR NEXT VISIT QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The ingredients in Lidopro include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10% and Menthol Salicylate 27.5%. The injured worker reported having daily numbness and tingling to the low back. The MTUS Chronic Pain Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The ingredients menthol and menthol salicylate are not recommended. The amount of Capsaicin in Lidopro exceeds the recommended dose in the MTUS Chronic Pain Guidelines. Also, Lidopro contains menthol and menthol salicylate. Per the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug that is not recommended, is not recommended. Therefore, the request is not medically necessary and appropriate.

TEROCIN PATCHES, #30 FOR NEXT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The Terocin patch contains Menthol, Lidocaine and Methyl Salicylate. The injured worker was diagnosed with discogenic lumbar condition with MRI showing two-level disc disease, element of weight gain of 30 pounds and elements of depression, sleep and stress. The MTUS Chronic Pain Guidelines state that Menthol and Menthol Salicylate are not recommended. Furthermore, Lidocaine is only supported in Lidoderm by the MTUS Chronic Pain Guidelines. Per the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug that is not recommended, is not recommended. Therefore, the request is not medically necessary and appropriate.