

Case Number:	CM13-0068874		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2011
Decision Date:	05/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with date of injury 03/08/2011. Per treating physician's report 10/24/2013, presenting symptoms are left-sided low back pain, status post SI joint injection with dramatic relief 80% to 90% of the pain which was performed 5 weeks ago. However, patient felt something on the left side is having more pain on the left side now but improving with some conservative treatments. Patient continues to use patches as needed, compound cream as needed for help as well and doing home exercises. Range of motion of the lumbar spine was relatively good, slight tenderness over the left S1 joint, significant pain with FABERE's test and Gaenslen test on the left side and only slight discomfort on the right. Listed diagnoses are: Lumbar spine sprain/strain, Low back pain with radicular symptoms to the right lower extremity, MRI findings of 2-mm disk protrusion at L4-L5, 3-mm anterolisthesis of L5 or S1, SI joint arthropathy on the right side improving block, Left SI joint arthropathy, Recommendations were Ibuprofen, compounded creams, Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 10/24/2013) FOR IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS)-non-steroidal anti-inflammatory drugs Page(s): 46,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with chronic low back pain. The request is for Ibuprofen. Review of treating physician's reports from 07/24/2013 through 10/16/2013 does not discuss this medication at all. On 09/04/2013, the treating physician states "She has medication". Under recommendations, the treating physician recommends taking anti-inflammatories. However, there are no discussions as to how the patient is responding to this medication. 10/13/2013 report by AME suggested that this patient has been prescribed ibuprofen since 2012. None of the reports provided by any of the physicians discuss efficacy of this medication. While Ibuprofen is reasonable to use for chronic low back pain as recommended by MTUS Guidelines as a first line of treatment, MTUS Guidelines page 60 also require documentation of medication efficacy when used for chronic pain. In this patient, there is not a single documentation regarding how this patient is responding to this medication, whether or not there has been pain reduction, change in functional level. Given the above the request is not medically necessary and appropriate.

RETROSPECTIVE (DOS 10/24/2013) FOR COMPOUND CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112,113.

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

Decision rationale: This patient presents with chronic low back pain. There is a request and discussion regarding use of compound cream per physician's report 10/24/2013. None of the reports reviewed from 06/10/2013 through 10/16/2013 by various different treating physician's, do not discuss exactly what this compounded cream contains. MTUS Guidelines state that if any one of the components of compounded cream is not recommended, then the entire compound is not recommended. In this case, there is no telling what is contained in the compound cream to determine whether or not there is a support for its components per MTUS Guidelines. The common components found in compounded creams such as Lidocaine and topical NSAIDs are not indicated for patient's chronic low back pain including SI joint syndrome. Given the above the request is not medically necessary and appropriate.

RETROSPECTIVE (DOS 10/24/2013) LIDODERM PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56, 57.

Decision rationale: This patient presents with chronic low back pain and the listed diagnoses are chronic cervical strain, chronic tendonitis of the shoulder with prior shoulder surgery, de

Quervain's tenosynovitis, and carpal tunnel syndrome, medial and lateral epicondylitis, chronic strain, sprain of the lumbosacral spine with SI joint syndrome and psychiatric and sleep disorder. There is a request for Lidoderm patch. MTUS Guidelines allow the use of Lidoderm patches for neuropathic pain that is peripheral and localized. In this case, there is lack of clear documentation for neuropathic pain and there does not appear to be peripheral and localized neuropathic pain for which lidocaine patches are indicated. There is documentation of carpal tunnel syndrome which may be considered peripheral localized neuropathic pain, but the treating physician does not indicate that the Lidoderm patches used for carpal tunnel syndrome. It is likely that the patches are used for the patient's chronic neck and low back pain for which it is not indicated. Furthermore, the treating physician does not document efficacy of this medication or how it is exactly used. Given the above the request is not medically necessary and appropriate