

Case Number:	CM13-0069018		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2013
Decision Date:	05/27/2014	UR Denial Date:	12/11/2013
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:

The patient is a 52-year-old male with a date of injury of 04/18/2013. The listed diagnoses are: Musculoligamentous strain/sprain of the lumbosacral spine, severe lumbar spondylosis with multilevel bulge, multilevel disk herniation with resultant neural compression, S/P decompression, Thoracic strain and possible cervical disk herniation with radiculopathy. According to report dated 12/04/2013, the patient presents with low back pain. Patient states that he is doing well and that medications help. He has just started physical therapy and he feels it has been helpful in increasing his activities. Examination revealed normal reflex, sensory, and power testing to bilateral upper and lower extremities except for decreased right knee reflex. Straight leg raise and bowstring test are negative bilaterally. The patient could heel walk and toe walk. There is positive tenderness in the lumbar spine with a decreased range of motion of about 20%. MRI of the lumbar spine dated 06/04/2014 reveals spinal stenosis with HNP at L1-L2, L2-L3, and L3-L4. There is also mild stenosis at L4-L5 and L5-S1 probable fusion. Treater is requesting refill of medications, Anaprox and Methoderm ointment. Utilization review is dated 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS/NAPROXEN SODIUM 550 MG #90: Upheld

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

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

Decision rationale: This patient presents with low back pain. The treater is requesting Anaprox 550 mg #90. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treater does not provide a discussion regarding the efficacy of Anaprox in either of the reports 10/30/2013 and 12/04/2013. MTUS Guidelines page 60 requires documentation of pain assessment and function when medications are used for chronic pain. Given the lack of any documentation of pain and functional assessment as related to the use of Anaprox, recommendation is for denial.

MENTHODERM OINTMENT 120 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Nsaids/Lidocaine Page(s): 111.

Decision rationale: This patient presents with low back pain. The physician is requesting Methoderm ointment 120 mL. Methoderm contains menthol and methyl Salicylate, an NSAID. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendonitis. Medical records provided for review does not indicate the patient has any peripheral joint arthritis or tendinitis. This medication is not indicated for neuropathic or myofascial pain. Recommendation is for denial.