MAXIMUS Federal Services

Case Number:	CM13-0071289		
Date Assigned:	01/08/2014	Date of Injury:	10/06/2005
Decision Date:	04/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/26/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 53-year-old male who reported an injury on 10/06/2005. The mechanism of injury was not stated. The patient is diagnosed with long-term use of medication, lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, and joint pain in the shoulder. The patient was recently seen by [redacted] on 12/18/2013. The patient reported ongoing cervical spine pain as well as low back pain with radiation to bilateral lower extremities. Physical examination revealed decreased sensation in the left S1 dermatome, positive straight leg raising on the left, spasm and guarding in the lumbar spine, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.075% CREAM: 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 Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is available as a 0.075% formulation for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The patient does not maintain any of the abovementioned diagnoses. There is also no evidence of a failure to respond to first line oral medication. There is also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

DOC-Q-LACE 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, VA/DOD clinical practice guidelines for the management of opioid therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There was no documentation of chronic constipation. There is also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

PANTOPRAZOLE 20MG: Upheld

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

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 nonselective NSAID. The patient does not meet criteria for the requested medication, as there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

DSS100MG SOFTGEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, VA/DOD clinical practice guidelines for the management of opioid therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There was no documentation of chronic constipation. There is also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

THERMACARE HEATWRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapists. There is no mention of a contraindication to at home local applications of heat as opposed to a heat wrap. There is also no quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

CYCLOBENZAPRINE-FLEXERIL 7.5MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.