MAXIMUS Federal Services

Case Number:	CM13-0071561		
Date Assigned:	01/17/2014	Date of Injury:	08/23/2008
Decision Date:	05/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 Orthopedic Surgery 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 claimant is a 52-year-old gentleman who was injured on August 23, 2008. A recent November 19, 2013 clinical progress report indicated ongoing complaints of low back pain. He was noted to be three months following a lumbar decompress and fusion stating he has begun a course of formal physical therapy with examination showing some left calf tenderness radiating from the low back with diminished sensation in the same distribution. There was 4/5 right hamstring and quadriceps strength with positive straight leg raising. The claimant was diagnosed with degenerative disc disease status post L4-5 and L5-S1 fusion with anxiety and insomnia. Recommendations at that time were for continuation of medications to include Prilosec, topical Ketoprofen, Gabapentin, and Tramadol cream and a urine drug screen. The claimant is also utilizing Norco for narcotic purposes. Additional physical therapy was also recommended. There is no other indication of current medication usage in this individual. A previous urine drug screen was reviewed from July 30, 2013 noted to be negative. There has been no indication of misuse of medications in this individual who is recently status post a surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, prescription of Prilosec would not be indicated. First and foremost, there is no current indication of concordant use of nonsteroidal medication in this individual. There is furthermore no indication of significant GI risk factor or current working diagnosis that would support the role of this protective proton pump inhibitor. The clinical request, given the claimant's current clinical setting, would not be indicated.

TOPICAL KETOPROFEN 20% CREAM 30GM: Upheld

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

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

Decision rationale: The California MTUS Guidelines currently would not support the role of Ketoprofen. Ketoprofen is a non FDA approved agent in the topical setting due to its extreme high incidence of photocontact dermatitis. This agent that is not FDA approved would not be indicated in this case.

TOPICAL GABAPENTIN 20% CREAM 30GM: Upheld

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

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

Decision rationale: The California MTUS Guidelines also would not support the topical use of Gabapentin. Guideline criteria currently indicate that Gabapentin is not recommended with no current peer literature to support its use in the topical setting. The specific request in this case would not be supported.

TOPICAL TRAMADOL 20% CREAM 30GM: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines also would not support the role of topical tramadol. Current clinical Guidelines do not support the

role of this agent in the topical setting. Topical analgesics are noted to be largely experimental in use with few randomized clinical trials demonstrating their efficacy or safety.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: California MTUS Chronic Pain Guidelines also would not support the role of a urine drug screen. The records indicate this claimant has recently undergone a urine drug screen in late July of 2013 which was normal. There has been no history of misuse or mismanagement of medications. The claimant has recently undergone a lumbar fusion. While the continued use of opioid analgesics would be supported given the nature of recent surgical process, the need of a urine drug screen in this individual with no history of previous misuse, mismanagement and a recent negative urine drug screen would not be indicated.