

Case Number:	CM14-0001175		
Date Assigned:	01/22/2014	Date of Injury:	05/26/2011
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/03/2014

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, 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 injured worker is a 51 year old male who reported an injury on 5/26/11 secondary to a mechanism of injury that was not provided for review. The injured worker was evaluated on 11/19/13 for reports of cervical spine pain with numbness and tingling to the bilateral upper extremities rated at 8/10, and lumbar spine pain radiating to both legs rated at 9/10. The exam noted decreased and painful range of motion. The diagnoses included cervical herniated nucleus pulposus, lumbar sprain/strain, and multilevel disc protrusion. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a

lack of significant evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. As such, the request is not medically necessary.

90 PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines and the FDA regulations.

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

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors when patients are at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker is not currently prescribed NSAIDs and there is no evidence in the documentation provided of a risk for gastrointestinal events. As such, the request is not medically necessary.

MENTHODERM GEL 240MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend the use of salicylate topical analgesics and state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is a significant lack of clinical evidence of the intended area of the body for use. There is also a lack of sufficient clinical evidence of the efficacy of the medication during prior use. As such, the request is not medically necessary.