

Case Number:	CM14-0004484		
Date Assigned:	01/24/2014	Date of Injury:	01/10/1999
Decision Date:	06/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of January 10, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 6, 2014, the claims administrator denied a lumbar MRI, denied Ambien, partially certified Naprosyn, partially certified Protonix, denied Methoderm bottles, and denied Lidoderm patches. The applicant's attorney subsequently appealed. A December 27, 2013 progress note is notable for comments that the applicant reported a flare of worsening back and leg pain. It was stated that the applicant's pain was 10/10, radiating down the left leg. The applicant was on Naprosyn, Vicodin, Lidoderm, Topamax, Methoderm, and Motrin, it was stated. The applicant exhibited positive straight leg raising with symmetric reflexes and limited lumbar range of motion. The applicant did exhibit a normal heel and toe gait as well as a normal tandem gait and lumbar paraspinal tenderness. Reflexes were symmetric. The applicant was given Toradol injection. Medrol Dosepak, Vicodin, Topamax, Methoderm, and lumbar MRI were sought to evaluate for probable new disk herniation. It was stated that the applicant could be a candidate for repeat epidural steroid injection therapy. It was not stated that the applicant would consider a surgical remedy, however. On January 7, 2014, the applicant was described as minimally improved, reporting 8-9/10 pain. 5/5 lower extremity strength was noted with a normal gait, normal heel ambulation, and normal tandem gait. Lumbar MRI imaging was sought, along with various oral and topical medications. It was again stated that the applicant could be a candidate for epidural steroid injections; however, no mention was made of a surgical remedy being considered. It was stated that the applicant was returned to

regular duty work and was permanent and stationary. In an applicant questionnaire of the same date, January 7, 2014, the applicant stated that she was improved but still reported back and leg pain. 90% of the applicant's pain was in the back while 10% of the applicant's pain was in the leg. The applicant stated that she was on modified duty. An earlier lumbar MRI of June 10, 2011 is notable for multilevel spondylolysis with focal disk protrusion at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, the applicant is not in fact a candidate for a surgical remedy. The applicant was consistently described as exhibiting 5/5 lower extremity strength with a normal gait, normal heel and toe ambulation, and a normal tandem gait on multiple office visits referenced above, in December 2013 and January 2014. There was not, in short, evidence of unequivocal neurologic compromise which would have made a compelling case for imaging studies, as noted on page 303 of the ACOEM Guidelines in Chapter 12. The applicant, by all accounts, was simply having an acute flare of pain which was prominent on December 27, 2013 and was later described as subsiding as of January 7, 2014. Therefore, the request is not medically necessary, for all of the stated reasons.

AMBIEN 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS does not address the topic. As noted in the ODG, Zolpidem or Ambien is recommended in the short-term management of insomnia, typically on the order of two to six weeks. It is not recommended for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being proposed here. In this case, no compelling case has been made for variance from the ODG. Ambien was, at best, infrequently alluded to in the records provided. Therefore, the request is not medically necessary and appropriate.

ANAPROX 550MG: Overturned

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

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Guidelines, anti-inflammatory medications such as Naprosyn are considered the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain present here. In this case, the applicant was described as exhibiting a flare of chronic low back pain radiating to left leg, reportedly severe, on and around the date in question. Ongoing usage of Naprosyn to combat the same was indicated and appropriate. It is further noted that the applicant has seemingly demonstrated treatment success with ongoing Naprosyn usage as evinced by her reported return to work. Therefore, the request is medically necessary.

PROTONIX 40MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Guidelines does support usage of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention made of reflux, heartburn, and/or dyspepsia on any recent progress note provided. Therefore, the request is not medically necessary.

MENTHODERM 2 BOTTLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

Decision rationale: As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Neurontin, Flexeril, Topamax, Vicodin, etc. effectively obviates the need for topical agents such as Lidoderm which are deemed, as a class "largely experimental," per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.

LIDODERM PATCH: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Guidelines does state that topical Lidoderm is indicated in the treatment of neuropathic pain or localized peripheral pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, the applicant is described as using multiple first-line oral anticonvulsants, including Neurontin and Topamax, to reportedly good effect. The applicant has returned to regular work. The applicant's reportedly successful usage of Topamax and Neurontin effectively obviates the need for the proposed Lidoderm patches. Therefore, the request is not medically necessary.