

Case Number:	CM14-0006665		
Date Assigned:	03/03/2014	Date of Injury:	12/27/2011
Decision Date:	08/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on December 27, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of low back pain and giving way of the right knee. The physical examination demonstrated tenderness to palpation of lumbar spine, positive straight leg raising and decreased range of motion. A positive patellar compression testing is also noted. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications. A request had been made for repeat imaging studies the lumbar spine multiple medications and was not certified in the pre-authorization process on December 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine, an MRI is recommended for subacute or chronic radicular pain syndromes. However, there is insufficient clinical data presented to support the presence of any type of radicular complaints. The physical examination is marginal at best, there are no plain films, and the complaints are inconsistent with any specific dermatome related pathology. Therefore, the request is not medically necessary.

Naproxen Sodium tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 73.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, the use of non-steroidal anti-inflammatory medications is recommended as an option. However, when considering the date of injury, the multiple applications of this product and that there is no documentation of any efficacy or utility, the medical necessity for continued use as not been established. A number of the previous progress notes are simple or plated check-off items with no clear clinical assessment of the current clinical condition. Therefore, the request is not medically necessary.

Omeprazole delayed release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: This medication is a protein pump inhibitor useful in the treatment of gastroesophageal reflux disease. However, the progress notes did not indicate any such complaints, nor is there any indication that this individual is at risk for such maladies. Therefore, the request is not medically necessary.

Ondansetron: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-emetics; as well as Non-MTUS website Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) formulary chapter updated July, 2014.

Decision rationale: The California MTUS Guidelines do not address this medication. This is a preparation designed to address nausea and vomiting secondary to chemotherapy or radiation treatment. There are no complaints of nausea, vomiting, or any other gastroesophageal or gastrointestinal dysfunction. Therefore, the request is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41, 64.

Decision rationale: This medication is indicated as a short-acting muscle relaxant and has no clinical indication for chronic or indefinite use. Furthermore, the most current physical examination offered does not provide any indication of the efficacy or utility of this intervention. The Chronic Pain Medical Treatment Guidelines do not support the long-term use of this medication. Therefore, the request is not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain, Tramadol (Ultram) Page(s): 82, 113.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, this medication is not recommended as a first-line therapy. However, this can be employed as a second line treatment for complaints of pain. There are noted complaints of pain however, the records also reflect that this medication has been employed for quite some time and there is no narrative or discussion in the most current progress notes demonstrating the efficacy or utility of such a medication. Furthermore, the guidelines support it as a short-term use type preparation. There is no clinical indication presented the need for a chronic or indefinite utilization of this opioid. Therefore, the request is not medically necessary.

Terocin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic

Pain Medical Treatment Guidelines note that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, it is not clear if the claimant has attempted a trial of either of these classes of medications. Therefore, the request is not medically necessary.