

Case Number:	CM14-0109029		
Date Assigned:	09/16/2014	Date of Injury:	06/30/1994
Decision Date:	10/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain 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 57 year-old male who was reportedly injured on 6/30/1994. The most recent progress note dated 6/17/2014 indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: range of motion is restricted. Positive tenderness to palpation of the paravertebral muscles, with spasm and tight muscle band noted in the right side. Straight leg raise is positive on the right side in supine position. Ankle jerk is 1/4 bilaterally. Patella jerk is 2/4 bilaterally. There is tenderness to palpation over the sacroiliac spine and a decreased sensation over the right side. Motor exam is 5/5 bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for Lidocaine 5% ointment, Nexium 40 mg #30, Ultram 50 mg #60, and was not certified in the pre-authorization process on 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, there is no documentation noted a failure first-line treatment. As such, the request is considered not medically necessary.

Nexium dr 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal (GI) distress which would require PPI treatment. As such, this request is not considered medically necessary.

Ultram 50mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in overall functionality or decrease in pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.