

Case Number:	CM14-0011886		
Date Assigned:	02/21/2014	Date of Injury:	04/06/2012
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with date of injury of 04/06/2012. The listed diagnoses per [REDACTED] dated 11/05/2013 are: 1) Lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis with 2-mm disk bulge and mild central canal stenosis at L3-L4. 2) A 2-mm disk bulge with mild central spinal stenosis, mild bilateral facet hypertrophy, and moderate bilateral neuroforaminal narrowing at L4-L5. 3) A 1-mm to 2-mm disk protrusion with mild facet hypertrophy and right mild neuroforaminal narrowing at L5-S1 per report dated 07/11/2013. According to the report, the patient complains of on and off low back pain, which he rates a 6/10. The pain radiates to the bilateral legs without numbness and tingling sensation. The pain increases when lying down and when he is on his knees for prolonged period of time. It is aggravated with prolonged positioning and crouching. He also reports that he is unable to walk and kneel for prolonged period of time. The physical examination shows that the patient is well developed, well nourished, in no distress. There is tenderness to palpation with spasms of the paraspinal and tenderness to palpation of the right sacroiliac in the thoracolumbar spine. Range of motion is diminished. Orthopedic test shows a negative sitting root and straight leg raise bilaterally. Pinwheel sensory dermatomes at L1 to S1 are intact. The utilization review denied the request on 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC CONSULTATION FOR THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305-306, 310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: This patient presents with chronic low back pain. The treater is requesting an orthopedic consultation for the lumbar spine. The ACOEM guidelines page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 11/05/2013 notes that the patient does not want injections at this time. The treater would like to refer the patient for further treatment recommendations. Recommendation is for medical necessity.

1 PRESCRIPTION EXOTEN C-LOTION 113.4G TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The MTUS has the following regarding topical creams .

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a prescription for Exoten-C lotion. The MTUS guidelines page 111 on topical analgesics states, "Largely experimental and used with few randomized controlled trials to determine efficacy or safety. Primary physician recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Exoten-C is a topical analgesic that is a combination of methyl salicylate 20%, menthol 10%, capsaicin 0.002%. Salicylate is only indicated for peripheral joint arthritis/tendonitis, which this patient does not suffer from. Recommendation is not medically necessary.

1 URINALYSIS DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic low back pain. The treater is requesting urinalysis. The MTUS guidelines allow for urine drug screen when opiates are used for abuse

monitoring. In this patient, the only medications prescribed are cyclobenzaprine and ibuprofen. There is no evidence that the patient is on any opiate requiring urine toxicology. The treater does not explain why urine toxicology is needed. Recommendation is not medically necessary.