

Case Number:	CM14-0014291		
Date Assigned:	02/26/2014	Date of Injury:	12/21/2011
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Orthopedic Surgery and is licensed to practice in Oklahoma and 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 reported to have sustained a work related injury to her low back and sacrum on 12/21/11. On this date, she is reported to have gotten her foot stuck in a lower shelf and subsequently fell backwards onto her rear end. She is noted to have had immediate pain in the low back and tail bone. The record suggests a substantial delay in care. It is noted that the injured worker underwent an MRI of the lumbar spine on 10/24/13. This study notes a small central focal protrusion with an associated annular tear and mild central canal stenosis at L4-5. At L4-5 and L5-S1, there is mild facet osteoarthritis. Mild L2-3, L4-5, and L5-S1 degenerative disc disease. Radiographs of the sacrum and coccyx dated 12/31/11 note a thin cortical lucency at the distal tip of the sacrum possibly representing a non-displaced fracture. The injured worker was initiated on a course of chiropractic therapy. The record includes an EMG/NCV study dated 01/02/14. This study is reported as normal and notes no evidence of a lumbar radiculopathy. The records indicate that requests for LidoPro topical ointment, 4 oz., Hydrocodone/APAP 5/325mg, #90, and Cyclobenzaprine 7.5mg, #30 were submitted on 12/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded medications.

Decision rationale: Per California Medical Treatment Utilization Schedule topical analgesics are considered experimental and investigation as there are few randomized controlled trial which establish the efficacy of this type of medication. Therefore, the request for Lidopro 4oz is not medically necessary and appropriate.

HYDROCODONE APAP 5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Hydrocodone (Vicodin®, Lortab®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: Per the submitted clinical records, the injured worker sustained injuries to her low back as a result of a slip and fall on 12/21/11. Records indicate that there is a prolonged delay in treatment. The injured worker has undergone chiropractic treatment and has not required the use of opiates during the course of her treatment. The records fail to demonstrate that the injured worker has been trialed on antiinflammatory medications prior to this. Additionally, there is insufficient data to establish that the injured worker's pain levels are such that she would require opiate medications. Therefore, the request for hydrocodone APAP 5/325mg #90 is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Flexeril®), pages 41,46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The submitted clinical records indicate that the injured worker sustained an injury to her low back as a result of a slip and fall on 12/21/11. The records suggest that the injured worker has myofascial pain. The records do not provide detailed data establishing that the injured worker has myospasms for which this medication would be clinically indicated. Therefore, the request for cyclobenzaprine 7.5mg #30 is not medically necessary and appropriate.