

Case Number:	CM14-0015358		
Date Assigned:	06/04/2014	Date of Injury:	02/11/2002
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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 patient is a 55-year-old male who has filed a claim for lumbar disc displacement associated with an industrial injury date of February 11, 2002. Review of progress notes indicates low back pain that increases with activity. Findings include tenderness of lumbar paraspinals and left buttock, and positive straight leg raise test on the left. Motor strength was slightly decreased in the left lower extremity. Lumbar MRI dated November 18, 2009 showed degenerative disc disease, posterior osteophytes, and broad-based disc protrusion at the L4-5 level with a superimposed left foraminal disc protrusion. Treatment to date has included NSAIDs, opioids, anti-depressants, Reglan, topical creams, glucosamine, wrist surgery on February 14, 2002, and low back surgery on October 11, 2006. Utilization review from January 20, 2014 denied the request for MRI of the lumbar spine and sacrum without contrast as there is no evidence of further nerve compromise or of red flag signs since previous MRIs; Reglan 10mg #30 and Terocin 240mL as these are not supported by guidelines; and Genicin 500ml #90 as there has been no improvement with use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (MAGNETIC RESONANCE IMAGE) OF THE LUMBAR SPINE AND SACRUM WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy -- traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, there has been no change in symptoms or findings with the submitted progress notes. There is no documentation of progressive neurological deficits or red flag signs. Also, previous utilization review determination, dated September 17, 2013, has already certified a request for lumbar spine MRI. There is no indication whether this has been performed. Therefore, the request for MRI of the lumbar spine and sacrum without contrast is not medically necessary.

REGLAN 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Reglan (metoclopramide hydrochloride).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Reglan is indicated for diabetic gastro paresis, prevention of nausea and vomiting associated with chemotherapy or post-operative states, and for patients undergoing small bowel intubation or radiological examination of the stomach and/or small intestine. There is no documentation regarding gastrointestinal symptoms or of nausea and vomiting in this patient. There is no documentation of presence of the abovementioned conditions, or any finding that would warrant increased gastrointestinal motility in this patient. Therefore, the request for Reglan 10mg #30 was not medically necessary.

TEROCIN 240 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Capsaicin; Salicylate topicals; Topical analgesics Page(s): 28,105,111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. In this case, there is no documentation of failure of or intolerance to first-line pain medications. Also, not all components of this topical compound are supported for topical application. Therefore, the request for Terocin 240ml was not medically necessary.

GENICIN 500 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Patient has been on glucosamine (Synovacin) since at least December 2011, and on this medication since at least September 2013. Patient complains of low back pain due to disc degeneration. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, guidelines do not mention evidence for use of glucosamine for lumbar spinal conditions. Therefore, the request for Genicin 500mg #90 was not medically necessary.