

Case Number:	CM14-0117958		
Date Assigned:	08/06/2014	Date of Injury:	09/05/2002
Decision Date:	10/01/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 09/05/2002. The diagnoses included lumbar radiculitis, lumbar postlaminectomy, lumbar disc bulge at L3-4, status post lumbar epidural steroid injection. The previous treatments included medication, epidural steroid injection. The diagnostic testing included an MRI. Within the clinical note dated 06/25/2014, it was reported the injured worker stated the epidural steroid injection on 04/04/2014 relieved her pain in her low back by 75%. Upon the physical examination, the provider noted the range of motion was improved. The injured worker had a positive straight leg raise bilaterally at 60 degrees. The sensation was intact in the right and anterolateral thigh. The provider requested Norco, Soma, Zanaflex, Benadryl, and Bactroban. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

Decision rationale: The request for Norco 10/3225 mg #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014. The use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Soma 350mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63, 64.

Decision rationale: The request for Soma 350 mg #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 06/2014, which exceeds the guidelines' recommendation of short-term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Additionally, there is a lack of clinical documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Zanaflex 4mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Zanaflex 4 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014. The use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Benadryl 25mg Qty 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

Decision rationale: The request for Benadryl 25 mg, quantity 90, is not medically necessary. The Official Disability Guidelines note sedating antihistamines have been suggested for sleep aides, including Benadryl. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker is treated for insomnia. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Bactobran 2% Ointment: Upheld

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

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: MedlinePlus, Mupirocin, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a688004.html>

Decision rationale: The request for Bactroban 2% ointment is not medically necessary. Medline plus notes that mupirocin, also Bactroban, is an antibiotic, and is used to treat impetigo, as well as other skin infections caused by bacteria. It is not effective against fungal or viral infections. This medication can also be prescribed for other uses. This medication can also be prescribed for other uses. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency of the medication. The clinical documentation did not indicate the injured worker is stated for impetigo or a skin infection caused by bacteria. Therefore, the request is not medically necessary.