

Case Number:	CM14-0119357		
Date Assigned:	08/06/2014	Date of Injury:	03/29/2005
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
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 Orthopedic Surgery 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 50-year-old male who reported an injury on 03/21/2005. The mechanism of injury was not provided for the clinical review. The diagnosis included low back pain. The previous treatments included medication, injections, physical therapy, and surgery. Within the clinical note dated 06/02/2014, it was reported the injured worker complained of moderate to severe low back and bilateral buttock pain. He reported his pain had increased. He rated his pain 7/10 in severity. He reported having pain and numbness radiating down into the buttocks. Upon the physical examination, the provider noted the injured worker had a negative Romberg with normal heel to toe gait. The provider indicated the injured worker had normal sensation to light touch in all 4 extremities. The injured worker had tenderness over the bilateral PSIS. The provider requested for Ultram, Robaxin, Lidoderm, topical compound ointment, and meloxicam. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram BID, count 30 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 119.

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 Ultram BID, count 30 with 3 refills 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. The provider failed to document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 03/2014. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for Ultram BID, count 30 with 3 refills is not medically necessary.

Robaxin 500 mg BID, count 60 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain, page 67.

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

Decision rationale: The request for Robaxin 500 mg BID, count 60 with 3 refills is non-certified. The California MTUS Guidelines recommend non-sedating muscle relaxant 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. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication for an extended period of time since at least 03/2014, which exceeds the Guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request for Robaxin 500 mg BID, count 60 with 3 refills is non-certified.

Lidoderm 5% patches, quantity not specified.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% patches, quantity not specified is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The Guidelines note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is also off label use for diabetic

neuropathy. 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 injured worker has been utilizing the medication since at least 03/2014, which exceeds the Guideline recommendation of short-term use of 4 to 12 weeks. The request submitted failed to provide a quantity. Therefore, the request for Lidoderm 5% patches, quantity not specified is not medically necessary.

Topical compounding ointment, ingredients not specified.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Topical compounding ointment, ingredients not specified is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted did not specify the quantity of the medication. The request submitted did not specify the dosage of the medication. The request submitted failed to specify the treatment site. The request submitted failed to provide the ingredients of the medication or the specific medication to be distributed. Therefore, the request for Topical compounding ointment, ingredients not specified is not medically necessary.

Meloxicam 15mg BID for pain, 60 count with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67.

Decision rationale: The request for Meloxicam 15 mg BID for pain, 60 count with 3 refills is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The Guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. 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 03/2014, which exceeds the Guideline recommendation of short-term use. Therefore, the request for Meloxicam 15 mg BID for pain, 60 count with 3 refills is not medically necessary.