

Case Number:	CM14-0133003		
Date Assigned:	08/22/2014	Date of Injury:	09/09/2011
Decision Date:	10/01/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 72-year-old male was reportedly injured on 9/9/2011. The mechanism of injury was not listed. The most recent progress note, dated 7/15/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine decreased range of motion and tenderness to palpation of the paraspinal muscles right more than left as well as hypertonicity noted on the right side. Decreased strength was noted at 4/5 bilaterally at L4, L5, and S1. Decreased sensation was at 4/5 on the right, at L4 and L5. Deep tendon reflexes were 2+ bilaterally. Kemp's test was positive bilaterally. Straight leg raise test was positive 70 to posterior thigh on the right. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for flurbiprofen/cyclobezaprine/menthol-20%, 10%, 4%-180 gm., urine drug screen, and a referral to pain management for possible lumbar epidural steroid injection and was not certified in the pre-authorization process on 8/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobezaprine/Menthol-20%, 10%, 4%-180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.

Office Visit for Pain Management for possible LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review, of the available medical records, documents chronic low back pain. The treating physician is requesting a referral to pain management for possible epidural steroid injections; however, there is no diagnostic study such as MRI, EMG/NCS, or CT scan to corroborate radiculopathy noted on physical exam. As such, this request is not considered medically necessary.