

Case Number:	CM14-0134775		
Date Assigned:	08/27/2014	Date of Injury:	04/05/2012
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Interventional Spine 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 39 years old male with an injury date on 04/05/2012. Based on the 07/25/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. Lumbar degenerative disc disease 2. Lumbar spondylosis with myelopathy 3. Myofascial pain 4. Hypertension According to this report, the patient complains of "LBP constant radiating tingling in left lower extremity." Objective findings indicated "Lumbar P8MTTP." Under treatment plan, the treat indicates patient was evaluated by Q.M.E., medication helpful, no side effect and refill medication. Q.M.E. report was not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120gm: Upheld

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

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

Decision rationale: According to the 07/25/2014 report by [REDACTED] this patient presents with "LBP constant radiating tingling in left lower extremity." The treater is requesting Methoderm 120 mg. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this patient, there are no diagnoses of peripheral joint arthritis or tendinitis for which topical NSADs are indicated. MTUS specifically speaks against it's use for spinal conditions. Therefore, this request is not medically necessary.

Tenspatch times two pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the 07/25/2014 report by [REDACTED] this patient presents with "LBP constant radiating tingling in left lower extremity." The treater is requesting Tenspatch x 2 pairs. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. Review of the reports show that the patient does present with neuropathic pain, but the treater does not discuss how TENS unit is used and with what efficacy. MTUS guidelines require that the treater provide documentation of pain and functional benefit with use of these treatments. Given the lack of any discussion regarding how TENS unit has been beneficial, this request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs_.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 07/25/2014 report by [REDACTED] this patient presents with "LBP constant radiating tingling in left lower extremity." The treater is requesting Omeprazole 20 mg #60. The MTUS Guidelines state omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not shows that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. This request is not medically necessary.

Tramadol/APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain Page(s): 60, 61, 88, 89, 80, 81.

Decision rationale: According to the 07/25/2014 report by [REDACTED] this patient presents with "LBP constant radiating tingling in left lower extremity." The treater is requesting Tramadol / APAP 37.5/325 mg #90. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows no mentions of Tramadol / APAP and it is unknown exactly when the patient initially started taking this medication. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is not medically necessary.