

Case Number:	CM14-0153483		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2000
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 General Surgery and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 02/24/2000. The mechanism of injury was not provided. Diagnoses included status post anterior lumbar interbody fusion at L3-S1, cervical spondylosis with foraminal stenosis at C5-6, and history of bowel resection secondary to postoperative adhesions. Past treatments included trigger point injections, back brace, and medications. Pertinent diagnostic studies were not provided. Surgical history included a lumbar fusion at L3 through S1. The clinical note dated 04/29/2014 indicated the injured worker complained of an acute exacerbation of neck and back pain. A recent physical exam was not provided. However, the physical exam on 10/29/2013 indicated decreased range of motion to the cervical and lumbar spine. Current medications were not provided. The treatment plan included a CT of the abdomen, colonoscopy, Motrin 800 mg #60 with 2 refills, Zantac 150 mg #60 with 2 refills, and FC5 (flurbiprofen 10%, capsaicin 0.05%, menthol 2.5%, and camphor 2.5%) 120 gm. with 2 refills. The rationale for the request was not provided. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) CT scan of the abdomen: 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 American College of Radiology, Practice Parameter for the Performance of CT of the Abdomen and Pelvis, online database

Decision rationale: The American College of Radiology states that CT of the abdomen is indicated for the evaluation of abdominal, flank, or pelvic pain, and clarification of findings from other imaging studies or laboratory abnormalities. The injured worker had a history of bowel resection secondary to postoperative adhesions. There is a lack of clinical documentation to indicate the injured worker had subjective complaints of abdominal pain, or physical exam findings to indicate the necessity for a CT scan. Additionally, no other imaging studies or laboratory findings were provided. Without recent subjective complaints of abdominal pain, or physical exam findings of the abdomen, the request cannot be supported. Therefore, the request for a CT scan of the abdomen is not medically necessary.

One (1) colonoscopy: 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 MedlinePlus, Colonoscopy, online database

Decision rationale: Medline Plus indicates that colonoscopy is indicated for patients with abdominal pain, changes in bowel movements or weight loss, or abnormal changes found on sigmoidoscopy or x-ray tests. The injured worker had a history of bowel resection secondary to postoperative adhesions. There is a lack of recent clinical documentation to indicate the injured worker had any subjective complaints regarding the abdomen or bowels. Additionally, there is no documentation to indicate that a sigmoidoscopy or other x-ray tests have been completed. Without the injured worker's subjective complaints or previous test results, the request cannot be supported. Therefore, the request for 1 colonoscopy is not medically necessary.

Motrin 800mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended as an option for short term symptomatic relief of chronic low back pain. While documentation indicates the injured worker complained of an acute exacerbation in neck and back pain, she had been taking the requested medication since at least 10/29/2013. There is a lack of documentation of the efficacy of treatment, including quantified pain relief and functional improvement. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for Motrin 800 mg, #60 with 2 refills, is not medically necessary.

Zantac 150mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines indicate that patients at risk for gastrointestinal events include those over the age of 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. Nonselective NSAIDs are recommended for patients with no risk factor and no cardiovascular disease. The injured worker had a history of bowel resection secondary to postoperative adhesions, but there is a lack of clinical documentation to indicate the patient had guideline specific risk factors for a gastrointestinal event. Additionally, the request does not indicate the frequency for use of the medication. Therefore, the request for Zantac 150 mg, #60 with 2 refills, is not medically necessary.

FC5 (flurbiprofen 10%, capsaicin 0.05%, menthol 2.5% and camphor 2.5%) 120gm with 2 refills: 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: The California MTUS Guidelines indicate that topical analgesics are largely experimental, with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical non-steroidal anti-inflammatory agents are recommended for short term use of osteoarthritis and tendinitis of the knee and elbow, or other joints that are amenable to topical treatment. There is little evidence to support topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Capsaicin 0.025% formulation is recommended as an option for the treatment of osteoarthritis in patients who have not responded or are intolerant to other treatments. There is no indication that the 0.05% formulation would provide any further efficacy over the 0.025% formulation. The injured worker complained of pain in the neck and back. There is a lack of clinical documentation to support the diagnosis of osteoarthritis. The requested compounded product contains flurbiprofen and capsaicin, which are indicated for osteoarthritis. Additionally, the request with 2 refills does not allow for the periodic reassessment for continuation of treatment. The request also does not indicate the specific location or frequency for using the compounded product. Therefore, the request for FC5

(flurbiprofen 10%, capsaicin 0.05%, menthol 2.5% and camphor 2.5%) 120gm with 2 refills is not medically necessary.