MAXIMUS Federal Services

Case Number:	CM14-0156428		
Date Assigned:	09/25/2014	Date of Injury:	08/13/2013
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 35-year-old female who reported an injury on 08/13/2013, after attempting to catch a falling box. The current diagnoses include lumbosacral ligament sprain/strain, discogenic syndrome, intervertebral disc disease, myofascial pain, lumbosacral neuropathy, and lumbar facet syndrome. The injured worker was evaluated on 07/23/2014 with complaints of persistent lower back pain rated 7/10. Previous conservative treatment is noted to include home exercise, TENS therapy, chiropractic treatment, acupuncture, physical therapy, and medication management. The current medication regimen includes naproxen, tramadol, cyclobenzaprine, omeprazole, Lidoderm patch, and LidoPro cream. Physical examination revealed tenderness to palpation, limited lumbar range of motion, and decreased sensation in the left lower extremity. Treatment recommendations included continuation of the current medication regimen with the addition of Topamax and Menthoderm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg bid prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21, 67, 64, 73,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. There is also no mention of objective functional improvement as a result of the ongoing use of this medication. California MTUS Guidelines do not recommend long term use of NSAIDs. As such, the request is not medically necessary.

Cyclobenzaprine 7.5 mg qhs prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21, 67, 64, 73,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication since 05/2014 without any evidence of objective functional improvement. There was no documentation of spasticity or palpable muscle spasm upon physical examination that would warrant the need for a muscle relaxant. California MTUS Guidelines do not recommend long term use of muscle relaxants. As such, the request is not medically necessary.

Topiramate 50mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 21, 67, 64, 73,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Topamax has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. There is no documentation of a failure to respond to first line treatment. As such, the current request is not medically necessary.

Menthoderm cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 111.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line treatment. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.