

Case Number:	CM14-0166927		
Date Assigned:	10/14/2014	Date of Injury:	01/17/2013
Decision Date:	11/17/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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 Rehabilitation & Pain Management 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 46-year-old male with a date of injury of 01/17/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar/lumbosacral disk degenerative disease. 2. Sprain, shoulder/arm. 3. Plantar fibromatosis. According to progress report, 09/03/2014, the patient presents with back pain and right knee pain. Examination revealed "MR, labral tear of shoulder. MR back, HNP." Report 06/20/2014, states that the patient complains of low back, bilateral feet, and left shoulder pain. Examination of the left shoulder revealed tenderness, decreased ROM, and impingement with flexion. Examination of the lower back revealed tenderness, spasm, and decreased sensation over the L3 and L4 towards right. There is positive straight leg raise on the right. Examination of the knee revealed pain with range of motion. Treating physician is requesting refill of Duexis 800 mg #90, Terocin patch 4% #30, and a back brace. Utilization review denied the request on 09/15/2014. Treatment reports from 01/13/2014 through 09/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 on lumbar bracing Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, lumbar supports

Decision rationale: This patient presents with low back, knee, and shoulder complaints. The treating physician is requesting a back brace per AME, [REDACTED]. Review of AME report from 04/22/2014 indicates the patient had an MRI of the lumbar spine in 2013 which showed L2 to L3 diffuse disk protrusion with hypertrophy of the facet joints. The treating physician recommended that the patient "use a semi-rigid back support when performing his modified work that requires bending and stooping to avoid further aggravation." ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific low back pain, there is very low quality evidence. The treating physician has asked for lumbar support for the patient's work duties and ODG does not support bracing for prevention. Therefore the request is not medically necessary.

Duexis 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 22,68-69.

Decision rationale: This patient presents with neck, knee, and shoulder complaints. The treating physician is requesting Duexis 800 mg #90. The patient has been prescribed Duexis since 6/10/14. Duexis is a combination of NSAID and famotidine. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain, the treating physician does not provide a discussion regarding functional improvement or pain relief with utilizing Duexis. There is no discussion as to why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPI's to be used in conjunction with an NSAID. Therefore the request is not medically necessary.

Terocin patch 4%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines states under lidocaine Page(s): 112.

Decision rationale: This patient presents with back, knee, and shoulder complaints. The treating physician is requesting Terocin patches 4% #30. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommend for localized peripheral pain after there has been evidence of trial of first line therapy." In this case, the patient does not present with neuropathic pain that is peripheral and localized. Therefore the request is not medically necessary.