

Case Number:	CM14-0173348		
Date Assigned:	10/24/2014	Date of Injury:	02/20/2006
Decision Date:	12/15/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 & 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:

This patient is a 56 years old female with an injury date of 2/20/06. Based on the 8/21/14 progress report by [REDACTED], this patient complains of "6/10 LBP with (+) Rad BLE --> mid calf posteriorly, (+) N/T, (+) weakness, (+) giveout, (+) fall, with increased pain and increased weakness." The 9/04/14 report states "The patient self-procured a walker with a seat (walker was denied twice even though the patient had fallen multiple times for approximately two weeks and bang her head twice with loss of consciousness)." MRI of lumbar spine and EMG/NCV of the lower extremities are authorized, however, pending scheduling. Diagnoses for this patient are: 1. Chronic lumbar sprain/strain with bilateral L5 radiculopathy with x-ray findings of mild degenerative disc disease at L2-3 and L3-4, and shallow right lumbar convexity most likely due to myospasm. By my reading on lumbar spine MRI 6/20/11: L4-5 1-mm disc bulge with mild anterior compression of the dural sac, mild bilateral foraminal stenosis and minimal amount of facet hypertrophy on the right. Suggestive of 7.66 mm diameter hemangioma under the L4 superior vertebral plate. All other discs and foramina are normal. Normal on EMG/NCV of the lower extremities 5/21/12.2. Rule out urinary incontinence. Work status as of 9/04/14: Return to modified duties with the following restrictions: limited stooping and/or bending and limited lifting, pushing and pulling up to 20 pounds. The utilization review being challenged is dated 7/16/14. The request is for one (1) interferential unit and Gaba/Keto/Lido topical cream #1. The interferential unit was denied because "there has not been documented failure of a TENS unit" and the topical cream was denied as it contains Gabapentin, which is not recommended by MTUS. The requesting provider is [REDACTED] and he has provided various reports from 4/22/14 to 9/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) interferential unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with increasing weakness and low back pain, which also radiates from the bilateral lower extremities to the mid calf posteriorly. The treater requests one (1) interferential unit. Per MTUS guidelines, interferential units are not recommended as an isolated intervention. Criteria if interferential stimulation is to be used anyway and appropriate for the following conditions:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. 10/19/13 Report: This patient has tried home therapy exercises, Norco for pain, ice and topical creams, but "they only provided minimal relief." She has also tried using a lumbar brace and a cane, for additional stability. Purchased a new vehicle in or about 2010, as previous car was difficult to get out of. 4/22/2014 Report: Gabapentin produced dizziness so the patient will stop taking this medication. She will get Celebrex through [REDACTED]. She stopped taking Norco on her own. 6/19/14 Report: Treatment status indicates patient has had physical therapy. Shuffling gait and walking with difficulty noted. 7/18/14 Report: Posture slumped. Patient moves about with stiffness. Walking with difficulty and using a friend's walker part time, since request for walker with seat was denied twice. 8/21/14 Report: Gait is antalgic and shuffling. Uses a walker for ambulation. Taking medication as prescribed, however, "medication not helping with pain." Functional status since last examination was marked as "worse," with "increased pain and weakness." While this patient is neither post-op, nor limited in her ability to participate in a home exercise program, there are documented attempts to adjust and utilize various treatment regimens. Given this patient's worsening condition, history of unresponsiveness to conservative measures, and attempts to adjust medication therapy, a one-month trial use of an interferential unit is reasonable, medically necessary and appropriate.

Gaba/Keto/Lido topical cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: This patient presents with increasing weakness and low back pain, which also radiates from the bilateral lower extremities to the mid calf posteriorly. The treater requests Gaba/Keto/Lido topical cream #1.CA MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use; additionally, Ketoprofen is not currently FDA approved for topical application. The treater discontinued Norco and prescribed Naprosyn 550 mg b.i.d. #60 and topical cream Gaba/Keto/Lido. Given the request is for a topical cream that contains at least two drugs that are not recommended, Gabapentin and Ketoprofen, this compound cream fails to meet MTUS guidelines. The request is not medically necessary.