

Case Number:	CM14-0020371		
Date Assigned:	04/30/2014	Date of Injury:	09/07/2010
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Orthopedic Surgery, 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 claimant is a 38-year-old gentleman who was injured in a work related accident on September 7, 2010. The records provided for review include the report of an MRI of the lumbar spine dated October 1, 2011 that identified at the L4-5 level mild to moderate left and right neural foraminal narrowing with a 2 millimeter disc protrusion and at the L5-S1 level mild to moderate bilateral foraminal narrowing and a 3 millimeter disc protrusion with facet changes. The March 12, 2014 follow-up report noted continued complaints of neck, mid and low back pain with radiating foot pain. Objectively, there was no neurologic deficit noted of the lower extremities with a normal sensory, motor and reflexive examination. The claimant was diagnosed with lumbar degenerative disc disease. The report documented that conservative care that included injection therapy, medication management, physical therapy and activity restrictions had failed and a two level anterior lumbar fusion at the L4-5 and L5-S1 level was recommended. There was also recommendation for Prilosec, Medrox patches and a topical compound containing methyl salicylate, menthol and Capsaicin. An internal medicine consultation was also recommended before the proposed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION L4-L5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California ACOEM Guidelines, a two level lumbar fusion at the L4-5 and L5-S1 level would not be indicated. While this individual has chronic complaints of low back pain, there are currently no neurologic findings on examination indicative of a radicular process. There are also no reports of imaging studies that identify evidence of segmental instability at the L4-5 or L5-S1 level to support the acute need of a fusion procedure.

PRILOSEC 20MG: 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 PRILOSEC: NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: California MTUS Chronic Pain Guidelines would not support Prilosec. The Chronic Pain Guidelines support the use of Prilosec as a protective GI agent if risk factors are present. The records provided for review do not document that the claimant has any GI risk factors based on MTUS Guideline criteria. The use of this proton pump inhibitor would not be supported.

MEDROX PATCH: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Guidelines would not support Medrox patches. The Chronic Pain guidelines recommend that topical compounds are highly experimental with few randomized clinical trials demonstrating their efficacy or safety. Capsaicin is not recommended as a first line form of treatment. Medrox patches contain Capsaicin and therefore the use of Medrox patches would not be recommended as medically necessary for these reasons as treatment in the chronic low back or pain setting.

COMPOUND TOPICAL CREAM (METHYL SALICYCLATE 5%, MENTHOL 5%, AND CAPSAICIN 0.0375%): Upheld

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

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

Decision rationale: California MTUS Chronic Pain Guidelines also would not support the second topical compound containing methyl salicylate, menthol and Capsaicin. First and foremost, these agents are similar to the agents found in Medrox patches which were also not supported. The use of Capsaicin in any dose of 0.0375% would exceed Chronic Pain Guideline dosage criteria that does not support its use beyond 0.025%. Therefore, the request for this topical compound cannot be supported.

CONSULTATION WITH INTERNAL MEDICINE SPECIALIST WITH [REDACTED]
MPN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.