

Case Number:	CM14-0025305		
Date Assigned:	06/11/2014	Date of Injury:	02/15/2009
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation 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 injured worker is a 38-year-old female who reported an injury on 02/15/2009. The mechanism of injury was not provided. The clinical note dated 01/09/2014 noted the injured worker presented with lower backache and poor sleep. Upon examination of the lumbar spine, the range of motion was restricted with flexion limited to 25 degrees, extension limited to 7 degrees, and palpation of the paravertebral muscles elicited a spasm and with tenderness noted to the left side. The spinous process had tenderness and the lumbar facet loading was positive to the left side and tenderness to palpation to the posterior lumbar element and lumbar facet joints. There was severe pain and tenderness noted over the sacroiliac spine. Examination of the knee revealed range of motion restricted to 30 degrees of flexion, 5 degrees of extension, and tenderness to palpation noted over the lateral joint line, medial joint line, and posterior knee. The deep tendon reflexes had 3/4 knee jerk bilaterally, and a 3/4 ankle jerk bilateral. The diagnoses were sprain of the lumbar region, low back pain, and spinal lumbar. Prior therapy included surgery, injections, and medication management. The provider recommended Icy Hot for the low back pain, and Dilaudid for pain relief because she reported pain relief decreased from 9/10 to 6/10 with the use of this medication. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICY HOT MEDICATED 7.5 PERCENT ROLL SIG: APPLY TO EFFECTED BODY PART 2 TO 3 TIMES A DAY PRN# 1 X 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111.

Decision rationale: The California MTUS Guidelines recommend topical salicylate for chronic pain. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The provider's request did not indicate the dose, frequency, or site at which the Icy Hot was intended for. The injured worker reported that the decrease in pain with the use of Icy Hot was from 9/10 to 6/10. However, there is no objective functional improvement with the use of this medication. The documentation lacked evidence of length of time that the injured worker has been prescribed Icy Hot and the efficacy of the medication was not provided. As such, the request is not medically necessary.

DILAUDID 2MG TABLET : SIG 1 TAB 2 TIMES A DAY PRN# 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Chapter Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, an evaluation for risk for aberrant drug abuse behavior, and side effects. The documentation states that Dilaudid is a continued medication for the injured worker. However, there is no indication as to how long this medication was prescribed for the injured worker. The efficacy of the medication was not provided. There was a lack of evidence of significant objective functional improvement with this medication. As such, the request is not medically necessary.