

Case Number:	CM14-0026337		
Date Assigned:	06/13/2014	Date of Injury:	10/28/1999
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological 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:

The injured worker is a 69-year-old female who was reportedly injured on October 28, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 31, 2014, was difficult to read. Notes on this indicate current complaints of low back pain with radicular symptoms as well as neck pain which radiates down the left arm. It was noted that the injured employee has not seen pain management, and tramadol did not work well. The physical examination demonstrated muscle spasms of the left sided paracervical and paralumbar muscles. There was decreased range of motion of the cervical and lumbar spines and a normal neurological examination. A request was made for a prefabricated lumbar brace, tramadol, Cyclobenzaprine, Mentherm Gel and physical therapy for the lumbar spine and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE OF PRE-FABRICATED LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Lumbar supports.

Decision rationale: According to the Official Disability Guidelines, lumbar support braces are not recommended for prevention of low back pain but only for treatment of specific conditions such as spondylolisthesis and documented instability. It is not stated that the injured employee had any of these conditions. Therefore, this request for a prefabricated lumbar support is not medically necessary.

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the most recent medical record, dated January 13, 2014, previous prescriptions of tramadol were found to not be helpful by the injured employee. Therefore, it is unclear why there is a refill request for this medication. Without specific justification for this refill, this request for tramadol is not medically necessary.

CYCLOBENZAPRINE TABLETS (UNSPECIFIED DOSAGE AND QUANTITY):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, relaxant medications such as cyclobenzaprine are indicated as an option only for short courses of therapy. The attached medical records do note that the injured employee complained of neck and low back pains, and muscle spasms were found to be present on physical examination. The previous utilization management review, dated February 17, 2014, does not state any specific reason for not certifying this medication. This request for Cyclobenzaprine is medically reasonable and necessary.

MENTHODERM GEL (UNSPECIFIED DOSAGE AND QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, topical analgesics only containing non-steroidal anti-inflammatory medications

(NSAIDs), lidocaine or capsaicin are recommended for topical usage. Other ingredients such as menthol have not been shown to be effective. For this reason, this request for Methoderm is not medically necessary.

PHYSICAL THERAPY 8 SESSIONS FOR THE LUMBAR SPINE, 2 X WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the medical records, the injured employee had previously participated in physical therapy and found it to be helpful. With this previous physical therapy experience, the injured employee should be well versed in what is required of physical therapy for the back and neck and should therefore be able to do this at home with a home exercise program. This request for additional physical therapy is not medically necessary.