

Case Number:	CM14-0033207		
Date Assigned:	06/23/2014	Date of Injury:	03/22/2011
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 49-year-old male who reported an injury on 03/22/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included injections, chiropractic care, physical therapy, acupuncture, multiple medications, and activity modifications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 12/17/2013. It was documented that the injured worker had significant pain complaints with emotional stressors. The injured worker's medications included Temazepam 30 mg per day to help with sleep, Ativan 2 to 3 mg per day, Venlafaxine 225 mg a day, Seroquel 50 mg at night, and Gabadone to assist with sleep, and Sentra AM twice per day to modulate mood. The injured worker was again evaluated on 01/16/2014. It was documented that the injured worker's medication schedule decreases his pain by approximately 50% allowing for increased functional activity. Physical findings included limited range of motion of the left hip secondary to pain with a severely antalgic gait assisted by a single point cane. The injured worker's diagnoses included degenerative changes of the lumbar spine and right hip, and bilateral sacroiliac joint dysfunction. The injured worker's treatment plan included continuation of medications, a urine drug screen, medial branch blocks, a pain management consultation, and a follow-up consultation in 4 weeks with the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 4oz, #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 Topical Analgesics Page(s): 111.

Decision rationale: The requested LidoPro topical ointment 4 ounce #1 is not medically necessary or appropriate. The requested medication is a compounded topical agent that contains Methol, Methyl Salicylate, Capsaicin, and Lidocaine. California Medical Treatment Utilization Schedule does recommend the use of Methol and Methyl Salicylate in the management of osteoarthritic-related pain. However, the use of Capsaicin as a topical analgesic should be limited to patients who have failed other chronic pain management methods to include first line medications including anticonvulsants and antidepressants. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to those first line medications. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of Lidocaine in a cream or gel formulation as it is not FDA-approved to treat neuropathic pain. Furthermore, the request as it is submitted does not indicate a body part or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested LidoPro topical ointment 4 ounce is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg tab, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Procedure Summary (Last updated 01/07/2014), Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends that muscle relaxants be used for acute exacerbations of chronic pain for 2 to 3 week duration. The clinical documentation does indicate that the injured worker has had an acute exacerbation of chronic pain due to a fall. However, as the patient has been on this medication for an extended duration, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.

Hydrocodone/APAP 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 10/325 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documented functional benefit; a quantitative assessment of pain relief, managed side effects, and evidence that injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker receives at least 50% pain relief that allows for increased functional capability. It is also noted within the documentation that the injured worker is monitored for aberrant behavior with urine drug screen. However, the request as it is submitted does not contain a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Hydrocodone/APAP 10/325 mg #90 is not medically necessary or appropriate.

Medical Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Procedure Summary (last updated 01/07/2014), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested medical panel is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who are suspected of illegal drug use or aberrant behavior. The clinical documentation does indicate that the injured worker is using opioids for the management of chronic pain and would need monitoring for aberrant behavior. However, the clinical documentation does not indicate a level of risk for aberrant behavior to support the need for a urine drug screen. The clinical documentation does not identify any evidence of withdrawal or overuse that would require further evaluation. As such, the requested medical panel is not medically necessary or appropriate.

Left L3-L4 and L4-L5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Chapter, Procedure Summary (last updated 02/13/2013), Diagnostic Blocks for Facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet Injections (diagnostic).

Decision rationale: The requested left L3-4 and L4-5 medial branch blocks are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend radiofrequency ablations is based on an appropriate response to medial branch blocks. Official Disability Guidelines recommend medial branch blocks for well-documented facet mediated pain that has failed to respond to conservative treatment in the absence of radiculopathy. The clinical documentation does indicate that the patient has deficits indicative of radiculopathy. Therefore, a medial branch block would not be supported. As such, the requested left L3-4 and L4-5 medial branch blocks are not medically necessary or appropriate.

Follow-up consult in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Procedure Summary (last updated 01/07/2014), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: The requested follow-up consultation in 4 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address frequency of treatment. Official Disability Guidelines recommend office visits be based on medical necessity which are supported by factors such as medications, continued deficits, and the ongoing need for diagnostic studies and treatment. The clinical documentation does indicate that a request has been made for a pain management consultation. The outcome of that request would need to be provided to determine the need for an additional follow-up consultation in 4 weeks with the treating provider. As such, the requested follow-up consultation in 4 weeks is not medically necessary or appropriate.