

Case Number:	CM14-0038185		
Date Assigned:	07/28/2014	Date of Injury:	09/11/2012
Decision Date:	09/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Orthopedic Spine Surgeon and is licensed to practice in New York. 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:

Patient has chronic back pain. MRI lumbar spine shows scoliosis. There is L1 to disc protrusion. 2 degenerative changes at L4-5 and L5-S1. Electrodiagnostic studies revealed bilateral L5 and S1 radiculopathy. Patient continues to have chronic low back pain radiating to the legs. Physical examination shows painful range of motion of the lumbar spine with tenderness to palpation the lumbar spine. Patient is disabled from back pain. New MRI from 2014 shows degenerative changes at L1-L2 3. The patient had L1-L3 lumbar decompressive surgery. Past medical history significant for hepatitis and liver disease. At issue is whether medications and other materials for treatment medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaketolido (Gabapentin 6%, Ketoprofen 20%, Lidocaine 6.15%) transderm 240gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: Topical analgesics are option. However they are largely experimental and few red device control studies are done to determine efficacy. These I recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records however do not indicate that the patient had a previous trial of antidepressants her anticonvulsants. In addition there is no peer review literature supports use of Gabapentin and topical form. Also, Ketoprofen is not currently FDA approved for topical application. Criteria for use of this medication not met.

Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Infectious diseases.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Duricef as an antibiotic and is recommended as a first line treatment for osteomyelitis. Guidelines do not indicate that a micropituitary is necessary for prophylaxis and had neck surgery. The use of Duricef is not supported by the standard of care for postoperative use in this case.

Motorized hot/cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Pain.

Decision rationale: Guidelines do not support the use of hot cold therapy for cervical spine surgery. There is no literature supports the use of this product. No literature demonstrates improved outcomes with hot cold therapy of the cervical spine surgery.

3 in one commode: 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.

Front Wheeled walker: 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.

Home Help: 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.

Post Operative Evaluation by an RN: 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.

Post Operative follow up: 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.

One Time psychological clearance for surgical intervention: 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.

Sprix 15.75mg nasal spray: 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.