

Case Number:	CM14-0039665		
Date Assigned:	06/27/2014	Date of Injury:	07/22/2009
Decision Date:	11/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 7/22/09 date of injury. At the time (2/26/14) of request for authorization for Dexilant 30 mg (PPI), Herbal pain terminator patches #6 with 6 refills, and [REDACTED] inversion table, there is documentation of subjective (knee pain and pain and stiffness in the cervical and lumbar spine radiating down to both arms and legs) and objective (tenderness over the medial and lateral joint lines and cervical and lumbar paraspinal musculature with spasm, decreased cervical and knee range of motion, decreased reflexes and sensation in the lower extremities, positive straight leg raising test,) findings, current diagnoses (cervical spine sprain and strain, clinical upper extremity radiculopathy, lumbar spine sprain and strain, herniated/bulging lumbar spine discs, clinical lower extremity radiculopathy, and right knee sprain and strain), and treatment to date (medications (including ongoing treatment with Cialis, Doxazocin, and natural herbal pain terminator), acupuncture, chiropractic therapy, and physical therapy). Regarding Dexilant, there is no documentation of risk for gastrointestinal events. Regarding Herbal pain terminator patches, there is no documentation that trials of antidepressants and anticonvulsants have failed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Pain terminator use to date. Regarding inversion table, there is no documentation of traction used as an adjunct to a program of evidence based conservative care to achieve functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 30 mg (PPI): 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) Pain chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain and strain, clinical upper extremity radiculopathy, lumbar spine sprain and strain, herniated/bulging lumbar spine discs, clinical lower extremity radiculopathy, and right knee sprain and strain. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Dexilant 30 mg (PPI) is not medically necessary.

Herbal pain terminator patches #6 with 6 refills: 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): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 and <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f14e2cc7-32bd-4ed6-b5a6-ef576943ce8b>

Decision rationale: An online source identifies Herbal pain terminator as a topical analgesic consisting of menthol and wintergreen oil. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain and strain, clinical upper extremity radiculopathy, lumbar spine sprain and strain, herniated/bulging lumbar spine discs, clinical lower extremity radiculopathy, and right knee sprain and strain. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. In addition, given

documentation of ongoing treatment with Herbal pain terminator, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Herbal pain terminator use to date. Therefore, based on guidelines and a review of the evidence, the request for Herbal pain terminator patches #6 with 6 refills is not medically necessary.

■■■■ inversion table: 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) Lumbar chapter.

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, Traction

Decision rationale: MTUS reference to ACOEM guidelines identifies that traction has not been proved effective for lasting relief in treating low back pain. ODG identifies documentation of traction used as an adjunct to a program of evidence based conservative care to achieve functional restoration, as criteria necessary to support the medical necessity of traction unit. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain and strain, clinical upper extremity radiculopathy, lumbar spine sprain and strain, herniated/bulging lumbar spine discs, clinical lower extremity radiculopathy, and right knee sprain and strain. However, there is no documentation of traction used as an adjunct to a program of evidence based conservative care to achieve functional restoration. Therefore, based on guidelines and a review of the evidence, the request for ■■■■ inversion table is not medically necessary.