

Case Number:	CM14-0047385		
Date Assigned:	07/02/2014	Date of Injury:	08/13/2002
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 48 year old male with a date of injury on 8/13/2002. Diagnoses include failed back surgery syndrome (Fusion 2006), low back pain, spondylosis, arthropathy, depression, and myalgia/myositis. Subjective complaints are of moderate to severe low back pain that radiates to the left leg and gluteal area. Physical exam shows tenderness over low back surgical incision, with antalgic gait, and normal balance, and reflexes. There is also no sensory or motor loss. Medications include Pennsaid, Prilosec, and Lisinopril. Lumbar MRI from 3/20/14 showed right-sided moderate disc bulge at L3-4 with foraminal narrowing, and disc bulge at L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Pennsaid 1.5% solution, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment guidelines: Topical (NSAIDs) Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: For Pennsaid, CA MTUS states that diclofenac gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, knee, foot,

hand, and wrist). It has not been evaluated for treatment of the spine, hip and shoulder. For this patient, topical diclofenac appears to be utilized for the lower back. Therefore, the continued use of diclofenac gel is not consistent with guideline recommendations, and is not medically necessary.

One posterior lumbar hardware injection.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-lumbar & thoracic (acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, HARDWARE INJECTIONS.

Decision rationale: The ODG recommends hardware injections only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. This patient has moderate to severe pain at the surgery site, and holds the diagnosis of failed back surgery syndrome. Documentation indicates that the injection is intended to be diagnostic of whether the hardware is the generator of his pain. Therefore, the request for a hardware injection is consistent with guideline recommendations, and the medical necessity is established.