

Case Number:	CM14-0049432		
Date Assigned:	06/25/2014	Date of Injury:	05/12/2008
Decision Date:	07/31/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Nevada. 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 55-year-old female who was reportedly injured on May 12, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated December 10, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness of the lumbar paravertebral muscles with increased muscle rigidity. There were numerous trigger points palpated and there was decreased lumbar spine range of motion. There was decreased dorsiflexion of the left ankle, positive straight leg raise test at 60 and decreased sensation along the posterior lateral thigh and posterior lateral calf along the L5 and S1 nerve distributions. Diagnostic imaging studies objectified the following findings: A disc protrusion at L3-L4, narrowing of the central canal and a discogram with positive findings at L3-L4 and L5-S1. There was a request for a permanent spinal cord stimulator, and there was a refill of Norco, Anaprox, Fexmid, Prozac, Doral, Prilosec and Neurontin. Previous treatment included the use of a spinal cord stimulator, a lumbar fusion at L3-L4, L4-L5 and L5-S1. A request had been made for Doral, Prozac, Prilosec and Dendracin and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Doral is a benzodiazepine hypnotic often prescribed as a sleep aid. There was no mention in the medical record of the injured employee having any difficulty sleeping or needing the use of a sleep aid. This request for Doral is not medically necessary.

Prozac 20mg BID #60: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: During a spinal cord stimulator trial, the injured employee stated she had decreased pain and needed 50% less pain medication. However, it is unclear if the injured employee currently has a permanent spinal cord stimulator. As there were complaints of radicular symptoms corroborated by physical examination, this request for Prozac is medically necessary.

Prilosec 20mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Prilosec is a proton pump inhibitor indicated for treatment for those with gastrointestinal risk and taking anti-inflammatory medications. It was not stated that the employee was currently taking any anti-inflammatory medications at this time or is having any gastrointestinal issues secondary to other medications. Therefore, this request for Prilosec is not medically necessary.

Dendracin Topical Analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 68, 24, 124.

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

Decision rationale: Only topical analgesics containing non-steroidal anti-inflammatory drugs, lidocaine and capsaicin are recommended for usage. Dendracin is a compounded medication consisting of methyl salicylate, menthol, and capsaicin. As there has not been shown to be any efficacy of these additional ingredients, this request for Dendracin is not medically necessary.