

Case Number:	CM14-0051316		
Date Assigned:	06/23/2014	Date of Injury:	11/10/2013
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 36-year-old male who was reportedly injured on November 10, 2013. The mechanism of injury was noted as a fall from a ladder type event. The most recent progress note, dated March 19, 2014, indicated that there were ongoing complaints of severe low back pain. The physical examination was not presented for review. A previous note (dated December 17, 2013) noted ongoing complaints of low back pain, tenderness to palpation, and a decreased range of motion of the lumbar spine. Diagnostic imaging studies were referenced but not presented for review. Previous treatment included chiropractic care, physical therapy, medications and other conservative interventions. A request was made for topical preparations and laboratory studies and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for LidoPro cream 121gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.CR. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-113 of 127 Page(s): 113 OF 127.

Decision rationale: This is a compounded preparation which includes Capsaicin, Lidocaine, Menthol, and Methyl salicylate. Neither Lidocaine, nor Menthol is endorsed by the California MTUS for any of this claimant's compensable diagnosis. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary.

One comprehensive metabolic panel: Upheld

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

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, updated July, 2014.

Decision rationale: Routine Suggested Monitoring Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Therefore, based on a lack of narrative supporting the need for such laboratory studies, there is insufficient clinical data presented to support this request. A comprehensive discussion as to the reason why such laboratory studies are required are necessary to establish necessity. Therefore, this is not medically necessary.

One prescription for transcutaneous Electrical Nerve Stimulator (TENS) patches (two pairs): 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 118-120 of 127 Page(s): 118-120 OF 127.

Decision rationale: The MTUS recommends against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality, and there was no documentation of any noted efficacy or utility, as determined by increased functionality or ability return to work or decrease in pain. Therefore, there is no medical necessity for the device or the attendant patches.