MAXIMUS Federal Services

Case Number:	CM14-0051636		
Date Assigned:	08/01/2014	Date of Injury:	11/08/2009
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine 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 52-year-old female with a date of injury of 11/8/09 who is status post anterior lumbar interbody fusion at L5-S1 in 2011. On 1/28/14 there was a request for authorization for a general surgery consultation, Quazepam, and Lidopro. At that time, there was documentation of subjective complaints of low back pain, occasional abdominal pain, insomnia due to pain, and stress from pain. Also documented were objective findings of tenderness to palpation to thoracic and lumbar midline spines and the facet joints of the lumbar spine at the L4-L5 and L5-S1 region; lumbar surgical site well healed, with tenderness to palpation over the incision site; upper and lower extremity sensation intact bilaterally; motor exam 4+/5 for bilateral deltoids, biceps, internal and external rotators, wrist extensors and flexors, and extensor hallucis longus, and 5-/5 for bilateral tibialis anterior, inversion, plantar flexion and eversion; lumbar spine range of motion decreased in all planes, with increased pain with lumbar extension; and positive facet challenge. Her current diagnoses include herniated nucleus pulposus of the cervical spine with stenosis and cord distortion, herniated nucleus pulposus of the lumbar spine with stenosis, status post anterior lumbar interbody fusion at L5-S1 in 2011, and herniated nucleus pulposus thoracic spine with stenosis. Treatment to date has included a home exercise program and medications, including Tramadol and Terocin patches. In addition, the 1/28/14 medical report identifies a plan to start a trial of Quazepam and a plan for a general surgery consult for ongoing abdominal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

A General Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127.

Decision rationale: ACOEM guidelines identify that consultation is indicated to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability, as well as to evaluate permanent residual loss and/or the examinee's fitness for return to work. These criteria are necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus cervical spine with stenosis and cord distortion, herniated nucleus pulposus lumbar spine with stenosis, status post anterior lumbar interbody fusion at L5-S1 in 2011, and herniated nucleus pulposus thoracic spine with stenosis. However, despite documentation of subjective complaints of occasional abdominal pain, there is no documentation that the requested consultation is intended to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for a general surgery consultation is not medically necessary.

Quazepam: 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 Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus cervical spine with stenosis and cord distortion, herniated nucleus pulposus lumbar spine with stenosis, status post anterior lumbar interbody fusion at L5-S1 in 2011, and herniated nucleus pulposus thoracic spine with stenosis. In addition, there is documentation of a plan for a trial of Quazepam. However, there is no indication that the intention is to treat with Quazepam over a short course (less than 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Quazepam is not medically necessary or appropriate.

Lidopro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation online article http://www.drugs.com/sfx/lidopro-side-effects.html.

Decision rationale: An online search identifies that Lidopro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate in topical form. MTUS Chronic Pain Medical Treatment Guidelines identify that many agents are compounded as mono-therapy or in combination for pain control; that Lidocaine (in creams, lotion or gels) and Capsaicin in a 0.0375% formulation are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus cervical spine with stenosis and cord distortion, herniated nucleus pulposus lumbar spine with stenosis, status post anterior lumbar interbody fusion at L5-S1 in 2011, and herniated nucleus pulposus thoracic spine with stenosis. However, Lidopro contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the requested Lidopro is not medically necessary or appropriate.