

Case Number:	CM14-0066338		
Date Assigned:	07/11/2014	Date of Injury:	09/05/2007
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 Psychology, and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 09/04/2007. The mechanism of injury involved a fall. Current diagnoses include lumbar disc displacement without myelopathy, sciatica, disorders of the sacrum, and sprain/strain of the neck. The injured worker was evaluated on 03/03/2014. Previous conservative treatment includes TENS therapy, medication management, and chiropractic treatment. The injured worker reported lower back pain with bilateral lower extremity radiation. The current medication regimen includes Relafen 500 mg, Protonix 20 mg, capsaicin 0.075% cream, Norco 10/325 mg, and Prozac 20 mg. Physical examination revealed normal ambulation without assistance, decreased sensation to light touch in the right lower extremity, intact deep tendon reflexes, and diminished strength in the bilateral lower extremities with positive straight leg raising on the right. Treatment recommendations included a psychology consultation, 12 sessions of chiropractic treatment, medically supervised weight loss program, and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #1 (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113.

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

Decision rationale: California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is available as a 0.075% formulation, primarily for postherpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The injured worker does not maintain any of the above mentioned diagnoses. There is no documentation of a failure to respond to first line treatment prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request for Capsaicin 0.075% cream is not medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 12/2012. There is no documentation of objective functional improvement. The injured worker continues to report persistent pain. There is also no frequency listed in the current request. As such, the request for Norco 10/325 is not medically necessary.

Pantoprazole (Protonix) 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 68-69 Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request for Pantoprazole (Protonix) 20 mg is not medically necessary.