

Case Number:	CM14-0070128		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2013
Decision Date:	09/17/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

The patient is a 67-year-old male who was injured on 03/22/2013 when he was lifting poles and timber beams; removing them from a truck and placing them on the ground. He developed significant low back pain with some lower extremity pain. Prior medication history included Voltaren, Flexeril, Omeprazole, Celebrex, Ultram and Gabapentin. Prior treatment history has included physical therapy. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/13/2014 revealed multilevel degenerative disk disease moderately involving L3-L4 and L4-L5 with moderate central narrowing; multilevel facet osteoarthritis with up to severe narrowing of the neuroforaminal on the right of L4-L5 and on the left of L5-S1. AME report dated 02/05/2014 states the patient presented with complaints of low back pain radiating to the bilateral buttock and bilateral legs to the level of the knee with associated numbness and tingling with leg swelling. He reported his symptoms increase with activity. He reported bowel and urinary incontinence. On exam, heel-to-toe gait is well-preserved. The patient ambulates with a Trendelenburg gait favoring the right lower extremity and presents utilizing a cane in his right hand. He has a moderate degree of difficulty between sitting, standing, and supine. The lumbar spine revealed tenderness to palpation over the left paralumbar region with slight paralumbar muscle spasm. Range of motion of the lumbar spine revealed forward flexion to the knees; extension to 20 degrees; lateral bending with pain lacking 6 inches from placing the fingertips on the fibular heads; rotation is to 30 degrees bilaterally with pain. Motor exam is 5/5 in all muscle groups. Sciatic stretch revealed supine straight leg raise to 90 degrees bilaterally with low back pain radiating to the right thigh and knee on the left. Sitting straight leg raise is to 90 degrees bilaterally without pain on the right and with buttock pain on the left. Impressions are acute industrial lumbosacral spine/strain and industrial aggravation of multilevel disc bulging/degenerative disk disease with bilateral foraminal stenosis. Prior utilization review dated

05/08/2014 states the request for Pain Management Consultation, lower back is denied as there is a lack of documented evidence to support the request; Hydrocodone Bit/APAP 10/325 mg QTY 90 is denied as there is a lack of documented evidence to support the request; and Menthoderm Ointment 120ml is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management Consultation,lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page(s) 503.

Decision rationale: This is a request for a Pain Management Consultation for a 67-year-old male with chronic low back pain. However, the patient already had a pain management evaluation in late 2013 by [REDACTED], who recommended epidural steroid injection, yet the patient apparently does not want to pursue this treatment. Medical necessity for repeat pain management consultation is not established. The request for a Pain Management Consultation is not medically necessary.

Hydrocodone Bit/Apap 10/325 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opoids.

Decision rationale: According to MTUS Guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term use of opioids is not clearly established for chronic low back pain or neuropathic pain. This is a request for Hydrocodone for a 67-year-male injured on 3/22/13 with chronic low back pain. However, the patient reports lack of pain relief on Vicodin. Further, records do not demonstrate clinically significant functional improvement or improved quality of life from use of Hydrocodone. The request for Hydrocodone Bit/APAP 10/325 mg QTY 90 is not medically necessary.

menthodrem ointment 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: This is a request for Mentherm Ointment, which contains menthol and methyl salicylate, for a 67-year-old male with chronic low back pain. However, according to MTUS Guidelines, topical NSAIDs are not indicated for osteoarthritis of the spine. Further, topical NSAID use is only recommended short-term, 4-12 weeks, and the patient is concurrently prescribed an oral NSAID. Medical necessity is not established; therefore, request for Mentherm Ointment 120ml is not medically necessary.