MAXIMUS Federal Services

Case Number:	CM14-0085002		
Date Assigned:	07/23/2014	Date of Injury:	01/27/1995
Decision Date:	10/20/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 and 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 records, presented for review, indicate that this 64-year-old individual was reportedly injured on 01/27/1995. The most recent progress note, dated 05/20/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine had limited range of motion with pain. Positive tenderness to palpation of the paravertebral muscles with hypertonicity noted bilaterally. Positive facet loading was noted bilaterally. Ankle jerk was 1/4, and patella jerk was 2/4. There was tenderness noted over the entire spine. Right knee had range of motion with flexion 85 and limited by pain. Positive tenderness to palpation of the medial and lateral joint lines as well as patella were noted. Motor examination testing limited by pain. No recent diagnostic studies are available for review. Previous treatment included lumbar surgery, medications, and conservative treatment. As of this visit, the injured worker is reported as permanent and stationary and is currently not working. Request had been made for pantoprazole tab 40 mg, triamcinolone cream 1%, Icy Hot back pad 5% and lidocaine pad 5% and was not certified in the pre-authorization process on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprozole tab 40mg day supply: 90qty: 90 refills: 00: 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; MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

Triamcinolon cream 0.1% day supply: 15 qty: 30 refills: 00: 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 Other Medical Treatment Guideline or Medical Evidence: The Merck Manual. Principles of Topical Dermatologic Therapy.

Decision rationale: Triamcinolone is a long acting synthetic corticosteroid used to treat several different medical conditions such as eczema, psoriasis, arthritis, and allergies, etc. The treating physician is prescribing this medication due to the claimant's complaint of itching at night, which disrupts the sleep. CA MTUS and ODG guidelines do not specifically address the use of this medication; so alternative medical references were used for citation. After review of the medical records provided, it is noted the injured worker does have issues that affect the sleep; however, there are several different options available such as over-the-counter Benadryl. Therefore, this request is deemed not medically necessary.

ICY Hot Back Pad 5% Day Supply: 270 refills: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 105.

Decision rationale: Icy Hot (methyl salicylate) is significantly better than placebo in the treatment of chronic pain; however, there are no recommendations for the creams or claim is to treat chronic persistent pain or other chronic pain conditions. There is limited or no evidence of the efficacy substantiated by evidence-based medical or clinical trials. Therefore, this request is deemed not medically necessary.

Lidocaine pad 5% day supply: 30 qty: 90 refills: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the claimant has chronic low back pain but there is no documentation of failure first-line treatment. There is also no documentation of neuropathic pain on physical examination. As such, the request is considered not medically necessary.