

Case Number:	CM14-0095384		
Date Assigned:	07/28/2014	Date of Injury:	02/19/2004
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 56-year-old individual was reportedly injured on February 19, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated August 4, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, some muscle spasm, and positive straight leg raising. Diagnostic imaging studies objectified on April 23, 2014 a Grade I anterolisthesis at L3-L4. Degenerative changes were noted at L4-L5. Previous treatment included medications and physical therapy. A request had been made for multiple medications, pain management consultation for lumbar spine facet blocks, continuous home care, and replacement of a right knee brace and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg: 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: This medication is an over-the-counter proton pump inhibitor designed to address gastroesophageal reflux disease. This is also a protectorant for those taking non-steroidal medications. However, when considering the date of injury, the injury sustained and there are no complaints offered of gastrointestinal distress, there is no clear clinical indication for the continued medical necessity of this medication. Zantac 150 mg is not medically necessary.

Dendracin lotion 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Non-Steroidal Anti-inflammatory Drugs Page(s): 111-113.

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): 112.

Decision rationale: Medrox (dendracin) ointment is a topical analgesic ointment containing methyl salicylate 20.00%, menthol 5.00%, and capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressants or anticonvulsants have been attempted. As such, in accordance with the MTUS guidelines, the requested Dendracin lotion 120 ml is not medically necessary.

Pain Management Consultation for lumbar spine facet blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

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): Chapter 7, page 127.

Decision rationale: As noted in the MTUS, consultation is appropriate when the diagnosis is uncertain or extremely complex. However, based in the progress notes presented for review, there has not been any evaluation to discover, if there are, in fact, facet joint issues that require pain management intervention. Therefore, based on the limited clinical information presented for review and by the parameters outlined in the MTUS, there is no clear clinical indication for the medical necessity of such a consultation. Pain Management Consultation for lumbar spine facet blocks is not medically necessary.

Continue Home Care, 6 hours a day, 7 days per week for 6 weeks: 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) Home Health Services Page(s): 51.

Decision rationale: Home health care is recommended when there is a necessity for medical treatment. Home health care does not include homemaker services like shopping, cleaning and laundry. Based on the records presented for review, there is no documentation for the need for daily medical intervention of 6 hours. Therefore, the clinical indication for such a request is not present, and Continue Home Care, 6 hours a day, 7 days per week for 6 weeks is not medically necessary.

Replacement of a right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: When noting the date of injury, the presenting complaints, and the current findings on physical examination, there is no data presented to suggest that a knee brace is warranted. There is no evidence of instability or intra-articular pathology that would support the need for such a device. This is not medically necessary.