

Case Number:	CM14-0192713		
Date Assigned:	11/26/2014	Date of Injury:	08/09/2013
Decision Date:	01/13/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/18/2014

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 Orthopedic Spine Surgeon and is licensed to practice in New York. 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 72-year-old female with a date of injury of August 9, 2013. The patient has chronic back pain and right hip pain. The patient also has left leg sciatic pain. The patient is diagnosed with lumbar disc degeneration and a compression fracture at lumbar spine level L1. The compression fracture is old. There is no evidence of a new compression fracture lumbar spine MRI. The patient does have a sacral fracture and lumbar sprain. Treatment has consisted of TENS unit, pain patch and Tylenol #3. At issue is whether vertebroplasty and pain medications are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L1 vertebroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain Chapter.

Decision rationale: Guidelines do not recommend the use of vertebral fracture and chronic back pain patients. ODG guidelines indicate that vertebroplasty has not been shown to have better

outcomes and conservative measures. Therefore vertebroplasty is not medically necessary. Guidelines do not support the use of vertebral plasty over conservative measures for the treatment of compression fractures. Therefore, the requested L1 vertebroplasty is not medically necessary and appropriate.

One prescription of Terocin patches 4% #30: 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.

Decision rationale: Guidelines do not support the use of any compounding product that has a piece 1 drug last as not recommended. Terocin includes Lidocaine, Capsaicin, Salicylates, and Menthol. Topical medications with multiple compounded products that are not FDA approved are not recommended as per guidelines. This pain patch is not supported to use as per current guidelines. Therefore, the requested medication is not medically necessary.

One prescription of Tylenol no 3 # 90: 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 Opioids.

Decision rationale: Guidelines do not support the long-term use of narcotics for patients with chronic back pain. When using narcotics. There should be documentation a functional improvement. In this case there is no documentation a functional proven with Tylenol No. 3 medication. Additionally, Tylenol #3, narcotic medications is not medically necessary.