

Case Number:	CM14-0194079		
Date Assigned:	12/02/2014	Date of Injury:	06/26/2003
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine 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 45-year-old male with date of injury of 06/26/2003. The listed diagnoses from 10/21/2014 are: 1. Lumbar disk degeneration. 2. Lower extremity pain. 3. Chronic leg pain. 4. Lumbago. 5. HNP lumbar. According to this report, the patient complains of low back pain. The examination shows a 2-inch lumbar spine scar. Tenderness was noted with no spasms. Range of motion in the thoracic/lumbar spine was diminished. Lasgue's test is positive on the right. The patient's gait is nonantalgic. No other findings were noted on this report. The documents include a UDS report from 11/04/2013 and progress reports from 07/01/2013 to 10/21/2014. The utilization review modified the request for Tylenol No.4 for tapering and denied Gaba/Flur Compound Cream, IF Unit Rent, Prilosec and TENS unit request on 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tylenol NO. 4-: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89.

Decision rationale: This patient presents with low back pain. The provider is requesting 1 prescription of Tylenol No. 4. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Tylenol No. 3 on 07/01/2013. The 02/14/2014 report notes that the patient has a long history of low back pain that radiates down the posterior aspect of his right leg into his right foot. He has had physical therapy and 2 epidural injections. The examination shows a mildly antalgic and slow and careful gait pattern. There is tenderness in the lumbosacral junction. Decreased range of motion in the lumbar spine. Positive straight leg raised on the right at 90 degrees. No motor or sensory deficits noted. None of the reports mentioned medication efficacy as it relates to the use of Tylenol No. 4. The provider does not provide before and after pain scales. No specifics regarding ADLs, no significant improvement, no mentioned of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug seeking behavior such as a urine drug screen or CURES report. The request is not medically necessary.

One prescription of Gabaflur Compound Cream: Upheld

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

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

Decision rationale: This patient presents with low back pain. The provider is requesting one prescription of Gaba/Flur Compound Cream. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The records show that the patient was prescribed gaba/flur compound cream on 07/01/2013. Gabapentin is currently not supported by the MTUS Guidelines in topical formulation. The request is not medically necessary..

IF unit rental for 5 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 111 to 120.

Decision rationale: This patient presents with low back pain. The provider is requesting an IF unit rental for 5 months. The MTUS guidelines page 111 to 120 states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications and limited evidence of improvement on those recommended treatments alone. In addition, a one-month trial may be appropriate to permit the provider to study the effects and benefits of its use. The records do not show a history of IF unit use. While a trial may be appropriate given the patient's persistent low back pain, the requested 5-month rental exceeds the MTUS guidelines. The request is not medically necessary.

One prescription of Prilosec 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with low back pain. The provider is requesting 1 prescription of Prilosec 20 mg. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Prilosec on 07/01/2013. The patient's current list of medications includes Prilosec, Tylenol, and gaba/flur compound. In this case, the MTUS Guidelines do not support the routine use of PPIs without any discussion of gastrointestinal events or GI risks assessment. The request is not medically necessary. The records show that the patient was prescribed Prilosec on 07/01/2013. The patient's current list of medications includes Prilosec, Tylenol, and gaba/flur compound. In this case, the MTUS Guidelines do not support the routine use of PPIs without any discussion of gastrointestinal events or GI risks assessment. The request IS NOT medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114 to 116.

Decision rationale: This patient presents with low back pain. The provider is requesting a Tens Unit. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The reports from 07/01/2013 to 10/21/2014 do not show how the patient was utilizing the TENS unit, how often it was use, and what outcome measures were reported in terms of pain relief and function. In addition, MTUS recommends a 1-month home based TENS trial prior to its purchase. The request is not medically necessary.