

Case Number:	CM14-0202317		
Date Assigned:	01/27/2015	Date of Injury:	03/27/2009
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male with date of injury of 03/27/2009. The listed diagnoses from 11/05/2014 are: 1. Failed back surgery syndrome. 2. Post-lumbar decompression and fusion from 05/02/2013. 3. Post-lumbar microdiscectomy from 03/14/2011. 4. Lumbar disk protrusion. 5. Lumbar neuralgia/neuropathy. 6. Sacroiliac joint pain. 7. Myofascial spasm, antalgic right lateral flexion. According to this report, the patient underwent a permanent implant of a spinal cord stimulator with paddle leads on 08/22/2014. He reports greater than 50% relief of his lumbar spine and lower extremity pain with spinal cord stimulation. The patient also reports that he is able to sleep better. His pain is rated 6/10. The patient's right leg is approximately 1 foot shorter than the left. The examination shows the patient has a right antalgic lean. Healed bilateral paravertebral post-surgical wound were noted in the lumbar spine. The patient wears a lumbar support brace and uses a walker for ambulation. Kemp's-Minor's sign is positive. Lumbar range of motion is 30% reduced. Deep tendon reflexes are 1/4 at the bilateral patellar and Achilles tendons. Pathological reflexes are absent. Motor strength is 4+/5 at the bilateral extensor hallucis longus muscles. Motor strength is 5/5 throughout the bilateral lower extremities. Treatment reports from 11/05/2014 to 12/16/2014 were provided for review. The utilization review denied the request on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to doctor's visits once monthly: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter on Transportation and on Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines on Transportation

Decision rationale: This patient presents with low back pain. The patient is status post spinal cord stimulator implant on 08/22/2014. The treater is requesting transportation to doctor's visits once monthly. The MTUS and ACOEM Guidelines do not discuss transportation; however, ODG under the Knee and Leg Chapter on Transportation states, "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The Aetna Guidelines do support transportation services if it essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. The 11/05/2014 report notes that the patient does not have a support system. He has permanent neurologic and physical impediments and requires transportation to doctor's visits. The 11/14/2014 report notes that the patient is not able to drive and his wife must take time off work in order to drive him to doctor's visits. The treater also notes that the patient is "profoundly disabled." In this case, given the patient's significant disability, the Aetna Guidelines support transportation to doctor's visits. The request is medically necessary.

Transdermal compounded cream-3 creams; 20%: 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 treater is requesting Transdermal compounded cream-3 creams; 20%. 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 a transdermal compound cream on 11/05/2014. Prior medication history was not made available. The treater does not specify which compound cream he is prescribing for the patient. It appears that the treater is requesting

this compounded cream for patient's low back. In this case, topical analgesics are not indicated for the spine. The request is not medically necessary.