

Case Number:	CM15-0131321		
Date Assigned:	07/17/2015	Date of Injury:	02/13/2013
Decision Date:	09/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 injured worker is a 61 year old, male who sustained a work related injury on 2/13/13. The diagnoses have included lumbar spine strain/sprain, lumbar spine multilevel herniations, status post lumbar fusion surgery and lumbar radiculopathy. Treatments have included medications, chiropractic treatment and physical therapy. In the PR-2 dated 6/16/16, the injured worker complains of constant low back pain which radiates down right leg with numbness. He has lumbar spine flexion to 25 degrees and extension to 12 degrees. He walks with an antalgic gait. There is no documentation of working status. The treatment plan includes prescriptions for medications, a request for a urine toxicology and to continue chiropractic treatments and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermals #2: 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 Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. The request for "transdermals #2" is not otherwise explained. As there is no indication for the requested topical ointment (see separate decision) and there is no other explanation of "transdermals", this request is also medically not necessary.

GABA/AMIT/SETRO Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. As such, the request for Gaba/amit/setro ointment is not medically necessary and the original UR decision is upheld.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.