

Case Number:	CM15-0133172		
Date Assigned:	07/21/2015	Date of Injury:	07/04/2012
Decision Date:	09/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male injured worker suffered an industrial injury on 7/04/2012. The diagnoses included left lumbar radiculopathy, left sacroiliac joint dysfunctions, lumbar myofascial strain, lumbar facet arthropathy, lumbago and lumbar herniated disc. The diagnostics included electromyographic studies/nerve conduction velocity studies and lumbar magnetic resonance imaging. The treatment included medication, acupuncture, chiropractic therapy, TENS unit, and physical therapy. On 5/11/2015 the treating provider reported low back pain rated 5 to 6/10 with radiations to the left lower extremity. The injured worker reported the medications help to reduce the pain and increase the ability to sleep and functions including walking longer by 50% without side effects. On exam the straight leg raise was positive on the left to the calf. The provider recommended Capsaicin cream trial to reduce pain complaints and radicular symptoms. The Prilosec had been orders as prophylaxis while on high dose non-steroidal anti-inflammatory drugs. The Med Panel was recommended to evaluate for complications of medications use and maximize medications safety. The urine drug screen was negative and an evaluation indicated no signs of aberrant drug use. the provider indicate the injured worker had acupuncture for 24 sessions with only temporary benefit. The injured worker had not returned to work. The requested treatments included Tramadol APAP 37.5/325mg #60 with 1 refill, Prilosec 20mg #60 with 1 refill, topical compound Capsaicin cream #1 with 1 refill, 1 Med Panel and 16 sessions of Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol APAP 37.5/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided indicated there was a comprehensive aberrant drug use assessment that was appropriate. The medical record did include a pain level but there were no levels of pain prior to the medications, how long it takes to take effect and how long it lasts. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and decreased dependency on continued medical care. Therefore Tramadol was not medically necessary.

1 prescription of Prilosec 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs) GI (gastrointestinal) symptoms Page(s): 68-71.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of non-steroidal anti-inflammatory drug (NSAID). The documentation provided did not indicate risk factors for the use of PPI. There were no symptoms of gastric dysfunction with the use of non-steroidal anti-inflammatory drugs. Therefore Prilosec was not medically necessary.

1 prescription of topical compound Capsaicin cream #1 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Capsaicin, compounded topical analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Capsaicin was recommended only as an option in patients who have not responded or intolerant to other treatments. There were positive studies with Capsaicin cream with osteoarthritis, fibromyalgia and chronic non-specific back pain and may be particularly useful where pain had not been controlled successfully with conventional therapy. The documentation provided did not indicate failed conventional therapy. The IMR application indicated this was a request for a compounded medication with other unknown ingredients. The Capsaicin strength and dose was not indicated nor were there directions for administration included. Therefore compounded Capsaicin cream was not medically necessary.

1 Med Panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, specific drug list and adverse effects Page(s): 70.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for NSAIDs, specific drug list and adverse effects recommend Routine Suggested Monitoring to measure liver transaminases within 4 to 8 weeks after started therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documentation provided indicated this medication had been used for at least 4 months. There was no evidence in the medical record for other clinical concerns that would necessitate any further laboratory diagnostic blood work. Therefore the Med Panel was not medically necessary.

16 sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines indicate additional visits may be warranted if there is documented clinically significant functional improvement. Functional improvement is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided indicated the prior 24 sessions of acupuncture only offered temporary benefit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and decreased dependency on continued medical care. Therefore the acupuncture was not medically necessary.