

Case Number:	CM15-0144339		
Date Assigned:	08/05/2015	Date of Injury:	04/04/1986
Decision Date:	09/01/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 66 year old female, who sustained an industrial injury on 4-4-86. The injured worker was diagnosed as having intervertebral lumbar disc disorder with myelopathy of the lumbar region. Treatment to date has included a home exercise program and medication including Vicodin, Valium, Norco, Ibuprofen, and Tizanidine. Currently, the injured worker complains of back pain. The treating physician requested authorization for follow up office visits for the lumbar spine and medication including but not limited to oral and transdermal anti- inflammatories and analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical reevaluation.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The ODG states that follow up visits are based on medical necessity as determined by ongoing need based on response to treatment and continuation of symptoms. The records show the patient has ongoing back pain so a follow up visit would be medically warranted, however the request does not define the amount of visits and continued future need cannot be determined. Therefore the request is not certified and therefore is not medically necessary.

Medications including but not limited to oral and transdermal anti-inflammatories and analgesics: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Topical Analgesics, Non-steroidal antinflammatory agents (NSAIDs) Page(s): 22, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medications for acute pain (analgesics).

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists", agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which may not be indicated per the California MTUS for topical analgesic use as the topical analgesic is not defined. Therefore the request is not certified nor is it medically necessary.