

Case Number:	CM15-0163068		
Date Assigned:	08/31/2015	Date of Injury:	12/30/1998
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old female, who sustained an industrial injury on December 30, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for musculoligamentous sprain of the lumbar spine with right lower extremity radiculitis, disc-osteophyte complexes L2-L3 (5mm), L3-L4 (5-6mm), L4-L5 (5-6mm), and L5-S1 (5-6mm), degenerative disc disease, severe spinal stenosis, lumbar scoliosis, and disc bulge L2-L3 (1mm), L3-L4 (2-3mm), L4-L5 (3-4mm) and L5-S1 (2mm) per MRI dated October 27, 2000. On June 9, 2015, the injured worker reported lower back pain rated 7 out of 10 with radiating pain into the legs and into the feet, and numbness and tingling into the legs. The Primary Treating Physician's report dated June 9, 2015, noted the injured worker was taking Keratek Gel, Tramadol, Naproxen, Nizatidine, and Methocarbamol. The injured worker was noted to not be attending therapy at the time, nor was she working. The injured worker was noted to be tender over the posterior superior iliac spines bilaterally. The injured worker received a Ketorolac with Lidocaine intramuscular injection for the relief of back symptoms. The injured worker was noted to continue the current medications with notation that Ketorolac worked by reducing hormones that cause inflammation and pain in the body. The Primary Treating Physician's report dated February 17, 2015, noted the injured worker taking Naproxen, Nizatidine, Tramadol, and Keratek Gel, not attending therapy or working, with tenderness over the left sciatic notch. The injured worker reported constant lower back pain radiating into the right leg with numbness and tingling in the left leg and foot. The injured worker reported shooting pain in the lower back that radiated into the left thigh, using a walker to prevent falling. The injured worker received a Ketorolac with Lidocaine intramuscular injection. The request for authorization dated July 30, 2015, requested Methocarbamol 750mg #90 with 3

refills and Keratek gel #180 with 3 refills. The Utilization Review (UR) dated August 12, 2015, reviewed the requests and determined the Methocarbamol 750mg #90 with 3 refills and Keratek gel #180 with 3 refills were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for radiating low back pain with lower extremity numbness and tingling. When seen, pain was rated at 7/10. There had been no new injury. Physical examination findings were that of bilateral posterior superior iliac spine tenderness. Medications were prescribed and included KeraTek gel, Tramadol, naproxen, methocarbamol, and nizatidine. A Toradol injection was administered. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, although he also takes nizatidine (Axid) the claimant is also continuing to take oral Naprosyn. Prescribing a topical NSAID containing medication is not medically necessary.

Keratek gel #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for radiating low back pain with lower extremity numbness and tingling. When seen, pain was rated at 7/10. There had been no new injury. Physical examination findings were that of bilateral posterior superior iliac spine tenderness. Medications were prescribed and included KeraTek gel, Tramadol, naproxen, methocarbamol, and nizatidine. A Toradol injection was administered. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis and ongoing long-term use of at least another 4 months was being requested. The request is not medically necessary.