MAXIMUS Federal Services

Case Number:	CM15-0191218		
Date Assigned:	10/05/2015	Date of Injury:	05/02/2006
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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, Texas
Certification(s)/Specialty: Internal 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 injured worker is a 40 year old female with a date of injury on 05-02-2006. The injured worker is undergoing treatment for cervical disc displacement, lumbar disc displacement, carpal tunnel syndrome, ulnar nerve lesion and joint derangement shoulder. A physician note dated 05-20-2015 documents constant left shoulder pain rated 7-9 out of 10, cervical pain that is rated 7-9 out of 10 with frequent headaches and numbness, tingling to her bilateral hands, lumbar spine pain rated 6-7 out of 10 with pain radiating to her bilateral legs with numbness and tingling. She has sleep problems due to pain and stomach problems. A physician progress note dated 08-26-2015 documents the injured worker is the same. She has cervical pain that she rates as 9 out of 10, left shoulder pain that he rates as a 9 out of 10 and lumbar spine pain that is rated 8 out of 10. His pain radiates to his legs with numbness, weakness and tingling to his legs. He has a problem sleeping. Pain is increased with activity. He has severe acid reflux and nausea and vomiting throughout the morning and with meals and medications. He has sleep problems. He has limited range of motion and tenderness and spasm is also noted in the lumbar spine. He is temporarily totally disabled. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, 8 physical therapy, and 9 cognitive therapy visits. The treatment plan includes a follow up visit with the orthopedic specialist, Dexilant 30mg #30, Medrox patches #30, and an Orthopedic Bed. On 09-02-2015 Utilization Review non-certified the request for Dexilant 30mg #30, Medrox patches #30, and an Orthopedic Bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #30: 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): Topical Analgesics.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.

Dexilant 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Online Edition, 2015 Pain (chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the documentation there is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Dexilant is not medically necessary.

Orthopedic Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, updated 07/10/2015.

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

Decision rationale: The MTUS is silent regarding the replacement of a mattress for sleeping. According to the ODG, it is not recommended to use firmness as sole criteria for a replacement mattress. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. Medical conditions such as pressure ulcers may be treated by special support surfaces designed to redistribute pressure. In this case the patient is requesting an orthopedic mattress for chronic pain in the low back. There is no diagnosis of pressure ulcers. The medical necessity is not made.