

Case Number:	CM15-0054889		
Date Assigned:	03/30/2015	Date of Injury:	02/10/2005
Decision Date:	05/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 02/10/2005. The mechanism of injury was not specifically stated. The current diagnoses include lumbosacral degenerative joint disease and left L5-S1 radiculopathy. The latest physician progress report submitted for review is documented on 01/14/2015. The injured worker presented for a followup evaluation. Upon examination, there was palpable muscle spasm on the right, asymmetric range of motion with flexion to 10 degrees, lumbosacral guarding, a positive straight leg raise on the right, weakness in the right lower extremity, and a positive crossed straight leg raise on the left. Treatment recommendations at that time included continuation of the current topical medication regimen and a consultation for a possible epidural injection. It was also noted that the injured worker was pending laboratory studies. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Q-PAP 500mg tablet 1 by mouth twice a day Qty 60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: California MTUS Guidelines recommend acetaminophen for treatment of chronic pain and acute exacerbations of chronic pain. For chronic low back pain, both acetaminophen and NSAIDs have been recommended as first line therapy. In this case, it is noted that the injured worker had a history of chronic low back pain and has utilized over the counter Tylenol since 2006. However, there is no documentation of objective functional improvement despite the ongoing use of this medication. Furthermore, it is unclear why 2 different forms of acetaminophen have been requested. Given the above, the request is not medically appropriate.

Lab work in order to monitor the claimant's Diabetes, Hyperlipidemia, Hypertension:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after initiating therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. In this case, the injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The specific type of laboratory testing was not mentioned in the request. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Flector Patches 1.3% transdermal 12 hour patch, 1 patch twice a day Qty 60 with no refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. Therefore, the current request cannot be determined as medically appropriate in this case.

Acetaminophen 500mg: 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 Page(s): 11.

Decision rationale: California MTUS Guidelines recommend acetaminophen for treatment of chronic pain and acute exacerbations of chronic pain. For chronic low back pain, both acetaminophen and NSAIDs have been recommended as first line therapy. In this case, it is noted that the injured worker had a history of chronic low back pain and has utilized over the counter Tylenol since 2006. However, there is no documentation of objective functional improvement despite the ongoing use of this medication. Furthermore, it is unclear why 2 different forms of acetaminophen have been requested. Given the above, the request is not medically appropriate. There is also no frequency or quantity listed in the request.