

Case Number:	CM15-0058660		
Date Assigned:	04/03/2015	Date of Injury:	05/02/2013
Decision Date:	06/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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
 Certification(s)/Specialty: Emergency 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 53-year-old male who reported an injury on 05/02/2013. The mechanism of injury was not specifically stated. The current diagnoses include herniated nucleus pulposus of the lumbar spine with stenosis and lumbar radiculopathy. The injured worker presented on 03/17/2015 for a followup evaluation regarding ongoing low back pain. The injured worker was recently issued authorization for an MRI of the lumbar spine. It was noted that the injured worker expressed an interest in surgical intervention as he had failed multiple conservative therapy. The previous conservative treatment includes acupuncture, chiropractic therapy, a transforaminal epidural injection, and multiple medication. The current medication regimen includes Ultracet, Norflex ER, Relafen, Prilosec and Lidopro. The injured worker reported an improvement in function and sleep with the current medication regimen. Upon examination, there was positive tenderness to palpation over the lumbar spine with bilateral lumbar spasm, decreased range of motion in all planes secondary to pain, decreased sensation in the bilateral L5-S1 dermatomes, diminished motor strength in the bilateral lower extremities, positive slump test, positive Lasegue's test, and positive straight leg raise at 30 degrees. Treatment recommendations at that time included continuation of the current medication regimen. 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:

LidoPro topical ointment: Upheld

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

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

Decision rationale: California MTUS Guidelines state 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 anti-convulsants have failed. In this case, there was no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. In addition, the injured worker has utilized the above medications since 11/2014 without any evidence of objective functional improvement. The request as submitted failed to indicate the frequency or quantity. Given the above, the request is not medically necessary.

Orphenadrine citrate 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The injured worker has utilized the above medication since 11/2014. Guidelines would not support long term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.

Medication panel (to evaluate for complication of medication use): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed. Chapter 8 - Interpreting Laboratory results.

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 starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker did not exhibit any signs or symptoms suggestive of an abnormality due to medication use. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 103. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of spinal instability upon examination. The medical necessity for the requested durable medical equipment has not been established in this case. As such, the request is not medically necessary.