

Case Number:	CM14-0140426		
Date Assigned:	09/10/2014	Date of Injury:	09/28/2010
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old female with a 9/28/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/30/14, she stated that her pain was not bad; it was terrible last week because she did some lifting, pushing, and pulling that aggravated her pain. Objective findings: stiffness and tightness of lumbosacral spine with limited range of motion. Diagnostic impression: lumbar strain, lumbar radiculitis, lumbar disc protrusion, insomnia. Treatment to date: medication management, activity modification. A UR decision dated 8/22/14 denied the requests for Motrin, Mediderm topical cream, and magnetic resonance imaging (MRI) of the lumbar spine. The request for Ambien was modified from 30 tablets to 15 tablets for weaning purposes. Regarding Motrin, the medical records lack evidence of objective functional improvement to support continued medication use. Regarding Ambien, the medical records lack details about specific sleep dysfunction. The use of hypnotics is not supported since it can be habit-forming. Regarding Mediderm topical cream, there is no indication that the claimant was unresponsive or intolerant to oral pain medications. A specific rationale for denial of magnetic resonance imaging (MRI) was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are "effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is "inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." In the reports reviewed, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Motrin 800mg #60 was not medically necessary.

Ambien 5mg #30: 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) Treatment in Workers Compensation (TWC), Pain Procedure Summary updated 07/10/2014.

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

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is "approved for the short-term (usually two to six weeks) treatment of insomnia." Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. There is no discussion that the patient has had a trial and failed a non-sedative medication for insomnia. It is noted in a 6/11/14 report that the provider has recommended Tylenol PM; however, there is no documentation that this medication has not been sufficient in helping her sleep problems. In addition, there is no documentation that the provider has addressed non-pharmacological sleep methods with the patient, such as proper sleep hygiene. Therefore, the request for Ambien 5mg #30 is not medically necessary.

Mediderm with Lidocaine Topical Pain Relief Cream: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025%

formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications." In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of lidocaine in a topical cream or lotion formulation. A specific rationale identifying why this topical medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Mediderm with Lidocaine Topical Pain Relief Cream is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary updated 07/02/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Magnetic Resonance Imaging (MRI).

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. According to the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI of the lumbar spine was not medically necessary.