

<b>Case Number:</b>	CM14-0146398		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, has a subspecialty in Pain Medicine 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:

The records presented for review indicate that this 45-year-old gentleman was reportedly injured on August 7, 2010. The most recent progress note, dated August 21, 2014, indicates that there were ongoing complaints of low back pain and spasms radiating into the bilateral lower extremities. There were also complaints of incontinence. Pain is rated at 10/10 without medications and 8/10 with medications. The physical examination demonstrated tenderness and spasms at the sacroiliac joints and a positive straight leg raise test. There was decreased sensation at the right S1 nerve root and a decreased Achilles reflex. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Norco, Ultracin topical, Neurontin, and a home orthopedic bed and mattress and was not certified in the pre-authorization process on September 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** A review of the medical records indicates that the injured employees currently being weaned from Norco. Considering this, the request for 90 tablets is excessive for the weaning process. This request for 90 tablets of Norco 10/325 is not medically necessary.

**Ultracin Topical lotion 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals, Capsaicin, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009 Page(s): Page 111-112 o.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Ultracin topical is not medically necessary.

**90 Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** The California MTUS considers Neurontin to be a first-line treatment for neuropathic pain. The progress note dated August 21, 2014, does demonstrate neuropathic findings on physical examination, however a review of the medical records does not indicate that the injured employee has had pain relief from the use of this medication. Considering this, the request for Neurontin is not medically necessary.

**Home ortho bed and mattress:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -- Lumbar & Thoracic (Acute & Chronic), Mattress Selection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Mattress Selection, (Updated August 22, 2014).

**Decision rationale:** According to the Official Disability Guidelines 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. This request for a home orthopedic bed and mattress is not medically necessary.