

Case Number:	CM14-0148924		
Date Assigned:	09/29/2014	Date of Injury:	06/17/2011
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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

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 patient is a 70 year old male with date of injury 6/17/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased Achilles reflexes bilaterally, tenderness to palpation of the lumbar spine paraspinal musculature bilaterally, positive straight leg raise on the right, antalgic gait, decreased sensation of the L5-S1 dermatome on the right. Diagnoses: lumbar facet syndrome, intervertebral disc degeneration, lumbosacral spondylosis. Treatment plan and request: Thermacare patches, Ibuprofen, Ambien, Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Thermacare Patches 15% #30 Large/XLG #30 refill x5 (1x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's - Non- Steroidal Anti-Inflammatory Drugs. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Procedure Summary updated 3/31/2014

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

Decision rationale: This 70 year old male has complained of lower back pain since date of injury 6/17/2011. He has been treated with physical therapy and medications to include

Thermacare patches since at least 03/2014. The current request is for Thermacare patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Thermacare patches are not indicated as medically necessary.

Prospective use of Ibuprofen 600mg #90 refill x5 (1x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Non-Steroidal Anti-Inflammatory Drugs, Chronic Low Back Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 70 year old male has complained of lower back pain since date of injury 6/17/2011. He has been treated with physical therapy and medications to include Ibuprofen since at least 03/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 5 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.

Prospective use of Ambien 5mg #30 refills x 5 (1x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Ambien

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com/ambien

Decision rationale: This 70 year old male has complained of lower back pain since date of injury 6/17/2011. He has been treated with physical therapy and medications to include Ambien since at least 05/2014. The current request is for Ambien. Ambien is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines. Furthermore, the available medical records show that it has been prescribed far beyond the recommended duration. Ambien, therefore is not indicated as medically necessary in this patient.

Prospective use of Cyclobenzaprine 5mg #90 refill x5 (1x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 70 year old male has complained of lower back pain since date of injury 6/17/2011. He has been treated with physical therapy and medications to include Cyclobenzaprine since at least 03/2014. The current request is for Cyclobenzaprine. Per the MTUS guideline cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per the MTUS guidelines cited above, cyclobenzaprine is not considered medically necessary for this patient.