

Case Number:	CM14-0179880		
Date Assigned:	11/04/2014	Date of Injury:	02/16/2011
Decision Date:	12/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Pain Management 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:

The underlying date of injury in this case is 02/16/2011. The date of the utilization review under appeal is 09/30/2014. On 09/18/2014, a primary treating physician followup note indicates the patient was status post a lumbar epidural injection on 08/19/2014 with some benefit. The patient continued with low back pain with left lower extremity tingling and numbness. The patient was increased with activity such as lifting over 20 pounds or jogging or walking more than 30 minutes. The pain was helped with Lidoderm patches and with Norco. The patient was noted to be status post lumbar surgery in October 2013 with ongoing lumbar radiculitis and poor coping and diffuse spinal sprain. Treatment recommended included aquatic therapy status post the patient's epidural injection of 08/19/2014, a second opinion orthopedic surgeon given radiculopathy and failed lumbar surgery, continue to do heat therapy, continued home exercise program, Omeprazole, and Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms, page 68, recommends that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records at this time do not provide such details as to why this patient would require ongoing gastrointestinal prophylaxis. The request for Omeprazole is not medically necessary.

Menthoderm 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics, page 111, states that this class of medications is largely experimental in use and that the treating physician should document the specific rationale and proposed mechanism of action of such topical medications. Such detail is not available at this time. Overall, the medical records do not provide a rationale or indication for Mentoderm consistent with the guidelines. The request for Mentoderm is not medically necessary.

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids/ongoing management, page 78, discusses the 4 A's of Opioid management. The medical records at this time do not discuss functional goals of Opioid use or an indication or rationale overall to support benefit from Opioids medication. The request for Norco is not medically necessary.

Lidoderm Patches 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics discusses topical lidocaine on page 112, noting this is recommended for localized neuropathic peripheral pain after there has been evidence of a trial of first-line therapy. The medical records do not document such localized peripheral neuropathic pain. Additionally, the proposed mechanism of action of this medication is not apparent in the medical records. The request is for Lidoderm Patches is not medically necessary.

Aquatic Therapy times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on aquatic therapy, page 22, states that this is recommended as an optional form of exercise therapy. This patient would be anticipated to have previously transitioned to an independent active home rehabilitation program. It is not apparent at this time in this chronic situation why additional supervised therapy and/or aquatic therapy would be indicated instead of an independent home rehabilitation program. The request for Aquatic Therapy is not medically necessary.