

Case Number:	CM14-0069691		
Date Assigned:	07/16/2014	Date of Injury:	06/06/2013
Decision Date:	02/23/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old female sustained a work related injury on 06/06/2013. According to a Primary Physician's Initial Comprehensive Report dated 01/19/2014, the claimant slipped on the day of the accident. She did not fall. She began noticing discomfort in the left leg and hip area. The following day she reported that she noticed swelling of her left leg. She currently rated her pain 8 on a scale of 0-10 and pain was mostly localized in the left hip and lateral aspect of the left leg with no numbness or tingling sensation. Any kind of activities made it worse. Her medication regimen included Vicodin, omeprazole, Relafen, Polar Frost Gel and anti-hypertensive medication. Physical examination of the extremities revealed 5/5 strength, 1+ reflexes and intact gross sensation. She complained of tightness in the left leg as well as the hip and low back with straight leg raise test in the sitting position. She had difficulty crossing her left leg. She was able to cross her right leg. Examination of the back revealed lumbosacral paraspinal muscle spasm with tenderness over the left lower lumbosacral facet joints and SI joint. Minimal tenderness could also be noted over the left trochanter. Back flexion and extension was about 20-30 percent. Extension and lateral rotation was painful. The provider's impression was noted as low back pain and left hip pain with facet arthropathy, possibility of sacroiliac (SI) joint dysfunction. On 01/25/2014, electrodiagnostic studies of the lower extremities revealed evidence that would be most consistent with lumbar radiculopathy on the left side, involving the L5 nerve root. The chronicity of the injury was difficult to say with certainty but did appear to be most likely subacute. The possibility of an acute overlay could not be excluded. As of 01/18/2014 - 02/01/2014 work restrictions included no lifting greater than 20 lbs., no heavy or

repetitive pushing or pulling, no climbing duties and allow stretching breaks 5 minutes every hour. Illegible therapy notes were submitted for review ranging in date from 02/04/2014 - 02/26/2014. Acupuncture progress notes were also submitted for review. As of a progress report dated 04/12/2014, the injured worker continued to have low back pain that radiated to the lower extremities with numbness and tingling. Pain was rated 8 to 9 on a scale of 0-10. Radiographic imaging was not submitted for review. On 11/08/2013, in one of the most dated progress reports submitted for review, the provider made notation, that the injured worker had failed conservative treatment for her left hip greater trochanteric bursitis including rest, ice, anti-inflammatories, home exercise program, physical therapy and a greater trochanteric bursa cortisone injections. On 04/22/2014, Utilization Review non-certified Naproxen Sodium 550 mg, TENS Patch x 2 pairs and Topiramate 50mg one by mouth twice a day. According to the Utilization Review physician in regards to Topiramate, it is still considered for use for neuropathic pain when other anticonvulsants fail. The request is not reasonable as there has been no indication of failure of other AED. In regards to Naproxen, the request was not reasonable as it was unknown for what duration that the injured worker has been on non-steroidal anti-inflammatory medications in the past and it was unclear that there had been any derive benefit from past use as the injured worker continues to complain of pain and demonstrate limitations on exam. In regards to TENS patches, the request was not reasonable as the injured worker is on several medications and has done physical therapy, and there is no indication that those modalities have failed and there was no submission of short and long term goals of treatment with the TENS unit. Guidelines referenced for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Other Antiepileptic Drugs page 21, Nonselective NSAIDS page 73 and TENS chronic pain page 116. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 73.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen since at least February 2014 at which time the pain was 8/10. The pain remained at that level after several months use of Naproxen. The claimant required the use of a proton pump inhibitor for GI protection. The use of an NSAID would aggravate the GI symptoms. There was no indication of Tylenol failure. In addition, there was no indication for combining it with an NSAID. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Tens Unit x 2 Pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary and therefore the 2 patches are not medically necessary.

Topiramate 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED) Page(s): 16-21.

Decision rationale: According to the guidelines, AED may be used for neuropathic pain. Topiramate has variable efficacy with failure to show benefit in neuropathic central etiology. Other medications such as Gabapentin have been better studied for use in neuropathic pain. In this case, there is no evidence of failure of other medications. The neuropathy is mechanically related to nerve root impingement. AED have not been shown to be beneficial in such cases. The Topiramate is not medically necessary.