

Case Number:	CM14-0093424		
Date Assigned:	07/25/2014	Date of Injury:	02/18/2003
Decision Date:	06/08/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/20/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 63 year old male sustained an industrial injury to the neck and back on 2/18/03. Previous treatment included magnetic resonance imaging, chiropractic therapy, acupuncture, functional restoration program, H-wave and medications. In a PR-2 dated 5/22/14, the injured worker complained of pain 9/10 on the visual analog scale. The injured worker reported being unable to complete activities of daily living due to pain. The injured worker reported that pain interfered with his ability to sleep and concentrate. Physical exam was remarkable for lumbar spine and cervical spine with painful and limited range of motion, palpable trigger points in the trapezius and paraspinal musculature, 4/5 motor strength to bilateral lower extremities, decreased sensation to bilateral lower extremities and positive Spurling's test, sacroiliac joint compression test and Slump test. Current diagnoses included cervicobrachial syndrome, cervical spine spondylosis without myelopathy, cervical spine radiculopathy, sciatica, abnormality of gait, myofascial pain and lumbar spine neuritis. The physician noted that the injured worker continuing to have recurrent exacerbations of pain with difficulty getting and staying asleep. The treatment plan included a sleep number bed and medications refills (Flector patch, Kadian ER, Oxycodone and Zanaflex).

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Wheel walker with hand brakes and seat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition, 2011.

Decision rationale: The patient is a 63 year old male with an injury on 02/18/2003. He continues to have neck pain, back pain, decreased sensation in the lower extremities, 4/5 lower extremity strength and a gait abnormality. He had lumbar radiculopathy and cervical radiculopathy. He continues to have difficulties with activities of daily living and is at risk for falling. The requested walker is medically necessary.

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 63 year old male with an injury on 02/18/2003. He continues to have neck pain, back pain, decreased sensation in the lower extremities, 4/5 lower extremity strength and a gait abnormality. He had lumbar radiculopathy and cervical radiculopathy. Flector patch is topical diclofenac, an NSAIDS. Topical NSAIDS have limited short-term efficacy and the requested 60 patches for long-term treatment is not consistent with MTUS guidelines. Therefore, the request is not medically necessary.