

Case Number:	CM15-0014782		
Date Assigned:	02/02/2015	Date of Injury:	06/22/2013
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 47-year-old male who reported an injury on 06/22/2013. On 12/17/2014, he presented for a followup evaluation regarding his work related injury. The mechanism of injury was due to being hit in the back with a food cart. He reported pain in the low back rated at an 8/10 as well as pain in the upper back and left leg with associated numbness, tingling, and electrical type of pain in the back and legs. A physical examination of the back showed tenderness over the thoracolumbar paraspinal muscles and spinous process of the lumbar spine. Straight leg raise was positive bilaterally at 30 degrees, and range of motion with forward flexion was limited, extension was limited, and left and right lateral flexion was normal and symmetrical as well as left and right rotation. Strength was a 5/5, and deep tendon reflexes were a 2+ bilaterally. His medications included nortriptyline 10 mg 1 by mouth daily at bedtime. The treatment plan was for Motrin as needed and Thermacare patches. The rationale for treatment was not evidence within the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function to support its continuation. Also, the frequency, dosage, and quantity of the medication was not stated within the request. Therefore, the request would not be supported. As such, the request was not medically necessary.

Thermacare patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Heat Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker had failed recommended oral medications or that he was intolerant to oral medications to support the request. Also, there is a lack of documentation showing that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Therefore, the request is not supported. As such, the request is not medically necessary.