

Case Number:	CM15-0111388		
Date Assigned:	06/22/2015	Date of Injury:	10/05/1999
Decision Date:	11/25/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female who sustained an industrial injury 10-05-99. A review of the medical records reveals the injured worker is undergoing treatment for lumbar disc displacement, failed lumbar back surgery syndrome, lumbar radiculopathy, depression, diabetes mellitus, gastroesophageal reflux disease, medication related dyspepsia, chronic pain, and status post spinal cord stimulator implantation. Medical records (03-05-15) reveal the injured worker complains of neck pain that radiates down the bilateral upper extremities, low back pain that radiates down the bilateral lower extremities, ongoing headaches, and gastrointestinal complaints. The pain is rated at 9/10 without medications and 5/10 with medications. The physical exam (03-05-15) reveals spasm in the bilateral paraspinal muscles, as well as tenderness in the cervical and lumbar spines, as well as "significantly increased" pain with movement. Motor exam shows decreased strength of the extensor and flexor muscles bilaterally in the upper and lower extremities. Prior treatment includes cervical and lumbar fusion, failed lumbar back surgery, spinal cord stimulator, and medications including opioids, anti-seizure medications, H2 blocker, and topical analgesics. The original utilization review (05-21-15) non-certified the request for Triamcinolone 0.1% #100 and APAP-Codeine 300/30mg #90. The documentation supports that the injured worker has been on Codeine-APAP and Triamcinolone cream since at least 02-05-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triamcinolone 0.1% cream #100, use as directed twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Triamcinolone is a topical corticosteroid often used in treatment of dermatological conditions such as atopic dermatitis. From my review of the records the IW is currently not reporting any dermatological issues related to the initial industrial injury on 10.5.99. Without a clear understanding of the diagnosis being treatment and how it is associated to the industrial injury, I do not see how the requested topical treatment is clinically necessary and appropriate treatment for the industrial injury in 1999. Therefore, the request is not medically necessary.

APAP/Codeine Phosphate 300/30mg #90, one tab by mouth every 8 hours as needed:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS guidelines require that criteria for continued use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of short-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate most recently 9/2015, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker is being treated with Lyrica, a first line agent. Consequently, continued use of opioids is supported by the medical records and guidelines as being medically necessary.