

Case Number:	CM15-0176262		
Date Assigned:	09/17/2015	Date of Injury:	08/27/2010
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 32 year old male, who sustained an industrial injury on 8-27-10. The injured worker is undergoing treatment for lumbar herniated nucleus pulposus (HNP) and lumbar radiculopathy. Medical records dated 7-21-15 indicate the injured worker complains of low back pain with numbness radiating to left buttock and bilateral legs and feet. The physician indicates, "he reports his condition has remained stable since the last visit. The patient is now under the care of" another physician "regarding his anxiety and depression." He reports Prilosec provides relief of stomach pain. Physical exam dated 7-21-15 notes lumbar tenderness to palpation, decreased range of motion (ROM), positive Patrick's test, facet loading, paraspinal spasm, positive left straight leg raise and sacroiliac joint tenderness to palpation. Treatment to date has included physical therapy, acupuncture, epidural injections and medication. The note dated 7-21-15 refers to electromyogram and nerve conduction study of the lower extremities (DOS not indicated) with normal findings and lumbar magnetic resonance imaging (MRI) dated 10-29-10 with impression of stenosis, levoscoliosis and bulge. The original utilization review dated 8-25-15 indicates the request for omeprazole 20mg #60 and Nabumetone 750mg #60 is certified and cyclobenzaprine 7.5mg #60, Gabapentin cream 10% and psychologist consultation is non-certified and chiropractic physiotherapy for the lumbar spine 2X4 is modified to chiropractic physiotherapy for the lumbar spine 3X3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The records indicate that the patient has been on this medication since 2014. The request exceeds the guideline recommendation for a short course of therapy. Therefore the request is not medically necessary.

Gabapentin Cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS, page 111, Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Per MTUS page 113: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The request for topical gabapentin is not recommended because MTUS does not support this medication. Therefore the request is not medically necessary.

Chiropractic Physiotherapy, for the lumbar spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per MTUS: Manual therapy and manipulation Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary, Recurrences/flare-ups, Need to re- evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The MTUS guidelines support a trial of up to six visits. The patient has been certified for a trial of therapy, but the outcome of the trial of therapy is not documented. Additional visits can be supported only if the trial has been effective. Therefore, the request is not medically necessary.

Psychologist Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Per MTUS, pages 100 and 101: Psychological evaluations Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The patient has depression due to his chronic pain. MTUS supports a psychological exam to assist with the patient's rehabilitation. The request is medically necessary