

Case Number:	CM15-0043714		
Date Assigned:	03/13/2015	Date of Injury:	03/10/2007
Decision Date:	05/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/09/2015

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

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:

The injured worker is a 41-year-old male who reported an injury on 03/10/2007. The mechanism of injury was not specifically stated. The current diagnoses include status post partial laminectomy at L4-5 with revision, bilateral lower extremity weakness and knee pain, left shoulder tendinopathy, type 2 diabetes, dental decay, erectile dysfunction, GERD, history of elevated liver enzymes, reactionary depression, and development of bilateral foot pain possibly related to plantar fasciitis. The injured worker presented on 01/22/2015 with complaints of severe low back pain with muscle spasm. The injured worker utilized a cane for ambulation assistance as well as bilateral knee braces. The injured worker reported a 50% reduction of pain and functional improvement with the current medication regimen. The injured worker has also been utilizing an H-wave stimulation unit to decrease dependence on oral narcotics. Upon examination of the lumbar spine, there was limited range of motion with a loss of lordotic curvature secondary to muscle spasm, 20 degree flexion, 5 degree extension, positive straight leg raising bilaterally at 80 degrees, sensory loss to light touch and pinprick in the right lateral calf and bottom of the foot, and a limping gait. Deep tendon reflexes were 1+ at the knees and ankles. The bilateral knee examination revealed full active range of motion with mild laxity in all plains in excess. The left shoulder examination revealed tenderness over the subacromial with crepitus on circumduction with a positive impingement sign. Recommendations included continuation of the current medication regimen of oxycodone 10 mg, Nexium 20 mg, ibuprofen 400 mg, Zolof 50 mg, Lyrica 50 mg, Flexeril 10 mg, Invokana 300 mg, and metformin 500 mg,

as well as continuation of Thermacare heat patches. A Request for Authorization form was then submitted on 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare heat patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold are as effective as those performed by a therapist. In this case, there was no mention of a contraindication to at home local applications of heat packs as opposed to a Thermacare heat patch. The injured worker has continuously utilized Thermacare heat patches without evidence of objective functional improvement. Given the above, the request is not medically appropriate at this time.

Oxycodone IR 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain, Chronic back pain, Osteoarthritis, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medications since at least 03/2014. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically appropriate.