MAXIMUS Federal Services

Case Number:	CM15-0060485		
Date Assigned:	04/07/2015	Date of Injury:	07/18/2006
Decision Date:	05/28/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/31/2015

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: 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 53 year old male who sustained an industrial injury when pinned between an electric conveyor and boxes inside a trailer on July 18, 2006. The injured worker was diagnosed with lumbar radicular symptoms, depression and insomnia. The injured worker is status post fusion in February 2009. Treatment to date has included conservative measures, surgery, diagnostic testing and medications. According to the primary treating physician's progress report on February 9, 2015, the injured worker continues to experience low back pain with occasional radiation to the right leg. Examination of the lumbar spine demonstrated lower paralumbar muscle spasm with decreased range of motion and positive straight leg raise on the right. There was mild tenderness and spasm of the lateral thoracic and lumbar area noted. Sensation was mildly decreased. Current medications are listed as Naproxen, Norco, Protonix and Menthoderm topical gel. Treatment plan consists of back brace, psychiatric consultation; continue ice therapy and treatment with the transcutaneous electrical nerve stimulation unit, and the current request for renewal of the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. According to the documentation provided, the injured worker's prescription for naproxen had been discontinued in 12/2014. The medical necessity for the use of the above medication has not been established. The guidelines do not support long term use of this medication. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Menthoderm 40z 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. In this case, there is no evidence of a failure to respond to first line oral medication. In addition, the injured worker has utilized the above medication since 12/2104 without any evidence of significant improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there is no documentation of objective functional improvement. The injured worker has utilized the above medication since 12/2014. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.

Protonix 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.