

Case Number:	CM15-0060561		
Date Assigned:	04/06/2015	Date of Injury:	12/01/1989
Decision Date:	06/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 57 year old male injured worker suffered an industrial injury on 12/01/1989. The diagnoses included exacerbated lumbar pain with radiculopathy and lumbar disc herniation at multiple levels. The injured worker had been treated with medications. On 02/10/2015 the injured worker presented for a follow-up evaluation. The treating provider noted exacerbated low back pain and lower extremity symptoms. The physical examination revealed spasm and tenderness with decreased range of motion in the lumbar spine. There was positive straight leg raise. The treatment plan included Voltaren Gel, one Monthly evaluations for medications, Norco, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren gel 1%, which is indicated for the relief of osteoarthritis pain. In this case, the injured worker does not maintain a diagnosis of osteoarthritis. In addition, the California MTUS Guidelines state Voltaren gel has not been evaluated for treatment of the spine. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

1 Monthly evaluations for medications: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the injured worker has ongoing complaints and objective findings. The injured worker is also utilizing multiple medications to include opioids. The injured worker was issued an authorization for 1 additional followup visit for medication management. The request for monthly evaluations would not be supported, as any additional future medication evaluations should be based on clinical findings. Given the above, the request is not medically necessary.

Norco 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

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 a 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, the injured worker has continuously utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement, recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no evidence of a written consent or agreement for chronic use of an opioid. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Lidoderm patch 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine, topical.

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

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. The injured worker has utilized the above medication since at least 11/2014. There is no documentation of a failure of first line treatment. There is also no evidence of objective functional improvement. The request as submitted failed to indicate the specific frequency of the medication. Given the above, the request is not medically necessary.