MAXIMUS Federal Services

Case Number:	CM15-0074118		
Date Assigned:	04/24/2015	Date of Injury:	01/31/2008
Decision Date:	05/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on 1/31/2008. Diagnoses have included chronic low back pain and chronic pain syndrome. Treatment to date has included electromyography (EMG) and medication. According to the progress report dated 2/24/2015, the injured worker complained of increased mid and low back pain with left leg pain. She reported being without Norco for two weeks and without Gabapentin cream for three weeks. She complained of ongoing elevated mid and low back pain and right buttock pain with left leg pain and bilateral leg cramps. She also reported neck and bilateral arm pain and tingling. Physical exam revealed tightness/tenderness of the bilateral lumbosacral paraspinal muscles. Gait was slow and antalgic. Authorization was requested for Amrix, Thermacare patches and Lidocaine/Gabapentin ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #90 (3 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Amrix 15mg #90 (3 month supply), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has ongoing elevated mid and low back pain and right buttock pain with left leg pain and bilateral leg cramps. She also reported neck and bilateral arm pain and tingling. Physical exam revealed tightness/tenderness of the bilateral lumbosacral paraspinal muscles. Gait was slow and antalgic. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Amrix 15mg #90 (3 month supply) is not medically necessary.

Thermacare patches #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The requested Thermacare patches #60 with 1 refill, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has ongoing elevated mid and low back pain and right buttock pain with left leg pain and bilateral leg cramps. She also reported neck and bilateral arm pain and tingling. Physical exam revealed tightness/tenderness of the bilateral lumbosacral paraspinal muscles. Gait was slow and antalgic. The treating physician has not documented the medical necessity for this treatment beyond the initial first few days of treatment. The criteria noted above not having been met, Thermacare patches #60 with 1 refill is not medically necessary.

Lidocaine/Gabapentin ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The requested Lidocaine/Gabapentin ointment, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered

"highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has ongoing elevated mid and low back pain and right buttock pain with left leg pain and bilateral leg cramps. She also reported neck and bilateral arm pain and tingling. Physical exam revealed tightness/tenderness of the bilateral lumbosacral paraspinal muscles. Gait was slow and antalgic. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidocaine/Gabapentin ointment is not medically necessary.