

Case Number:	CM15-0090556		
Date Assigned:	05/14/2015	Date of Injury:	08/19/2008
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic low back, hip, and foot pain reportedly associated with an industrial injury of August 19, 2008. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve requests for chondroitin, Solaraze topical gel, and lumbar MRI imaging. The claims administrator referenced an April 17, 2015 RFA form in its determination, along with an office visit seemingly dated April 8, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated June 8, 2015, difficult to follow, not entirely legible, the applicant was described as having ongoing complaint of low back pain radiating into the right leg. Permanent work restrictions were renewed. Overall commentary was sparse. It was not stated whether the applicant was or was not working with said limitations in place. In separate RFA forms dated April 8, 2015, lumbar MRI imaging, glucosamine-chondroitin, Cymbalta, Solaraze gel, and Neurontin were endorsed. In an associated progress noted dated April 8, 2015, the applicant was described as having a flare of low back pain, with radiation of pain to the right leg also reported. The attending provider stated that the applicant's medications, including Cymbalta, Neurontin, diclofenac, and Nucynta were attenuating her pain complaints. This was not quantified, however. Multiple medications were renewed, including many of the articles at issue. Lumbar MRI imaging was sought on the grounds that the applicant's last lumbar MRI was performed in 2008. It was stated that the applicant was already permanent and stationary. The requesting provider was a physiatrist, it was suggested. It was stated that epidural steroid injections should be considered if the applicant did not improve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chondroitin 400/500mg x 90 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: No, the request for chondroitin (AKA glucosamine-chondroitin) was not medically necessary, medically appropriate, or indicated here. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine-chondroitin is recommended as an option, given its low risk, in applicants with moderate pain associated with arthritis, and in particular, that associated with knee arthritis, here, however, the applicant's primary pain generator was the low back. The applicant's low back issues, however, were not clearly attributed to arthritis. There was no mention of the applicant's carrying a diagnosis of arthritis for which introduction, selection, and/or ongoing usage of chondroitin-glucosamine would have been indicated. Therefore, the request was not medically necessary.

Solareze 3% topical x 1 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112. Decision based on Non-MTUS Citation SOLARAZE® Gel www.solaraze.com/About SOLARAZE® (diclofenac sodium) Gel.

Decision rationale: Similarly, the request for Solaraze (diclofenac) topical gel was not medically necessary, medically appropriate, or indicated here. Per the product description, Solaraze is a brand-name variant of topical diclofenac. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac has "not been evaluated" for treatment involving the spine. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., body part for which topical Solaraze (diclofenac) has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, www.odg.twc.com: section Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304.

Decision rationale: Finally, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. The requesting provider was a physiatrist, not a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. While the attending provider did document a flare in low back and/or associated radicular pain complaints in April 8, 2015, it did not appear, in short, that the applicant was intent on pursuing a surgical remedy for the same, nor did appear that the requesting provider was intent on acting on the results of the study in question. Therefore, the request was not medically necessary.