

Independent Medical Review Final Determination Letter

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Dated: 12/30/2013

IMR Case Number:	CM13-0017686	Date of Injury:	10/19/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/01/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old male who reported an injury on 10/19/2003. The patient is noted to be status post L5-S1 decompression and fusion on an unstated date and is reported in 02/2013 to complain of increased back and leg pain. He stated his back pain was constant, moderate to severe, and his pain was increased by prolonged sitting, standing, and lifting. The patient is noted on physical exam to have lumbar paraspinal muscle tenderness, muscle spasms, and guarding. Range of motion was restricted with flexion to 45 degrees and extension to 30 degrees. His hamstrings were reported to be tight and he is reported to walk with a limp and assistance of a cane. The patient is noted to have been prescribed 120 mL Xoten-C lotion 0.002%/10%/20% to be applied 2 to 3 times a day, tizanidine 4 mg 1 twice a day, hydrocodone/APAP 10/325 mg 1 every 6 to 8 hours as needed, tramadol ER 150 mg 1 to 2 daily, and omeprazole 20 mg 1 twice a day as needed. X-rays of the low back were ordered on 07/15/2013 to evaluate the patient's hardware.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 prescription of Xoten-C lotion 0.002%/10%/20% 120ml is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 63-year-old male who reported an injury to his low back on 10/19/2003. He is reported to have undergone a lumbar discectomy and decompression and fusion at L5-S1 and is noted to complain of persistent low back pain. He has been prescribed Xoten-C lotion. Xoten-C lotion is noted to contain methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines state topical non-steroidal anti-inflammatories are indicated for use and treatment of osteoarthritis, particularly of joints that are amenable for topical treatment for short-term use, usually 4 to 12 weeks, and there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder, and it is not recommended for treatment of neuropathic pain, as there is no evidence to support its use. Capsaicin is recommended as an option for patients who do not respond or are intolerant to other treatments. As the patient is noted to be complaining of low back pain and has been using the Xoten-C lotion on a long-term basis, the need for a topical non-steroidal anti-inflammatory does not meet guideline recommendations. As capsaicin is only recommended as an option for patients who have not responded or are intolerant to the other treatments, and there is no documentation of the other treatments that the patient has used that he was intolerant to, the requested topical analgesic does not meet guideline recommendations. **The request for 1 prescription of 120 mL Xoten-C lotion 0.002%/10%/20% is not medically necessary and appropriate.**

2. 1 prescription of Tizanidine 4mg #120 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, pages 63 & 66, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 63-year-old male who reported an injury to his low back on 10/19/2003. He is reported to have undergone an L5-S1 decompression and fusion and had persistent low back pain with radiation of pain to his lower extremity. He is noted to have been prescribed tizanidine. The California MTUS Guidelines recommend the use of muscle relaxants for short-term treatment of an acute exacerbation of low back pain. They do not recommend use more than 2 to 3 weeks for muscle relaxants. As the patient appears to be taking muscle relaxants on an ongoing routine basis, the request for tizanidine 4 mg does not meet guideline recommendations. **The request for 1 prescription for tizanidine 4 mg #120 is not medically necessary and appropriate.**

3. 1 prescription of Tramadol ER 150mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use, page 78, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 63-year-old male who reported an injury to his low back on 10/19/2003. He is reported to be status post lumbar decompression and fusion at L5-S1 with persistent low back pain with radiation of pain to his lower extremity. He reported his pain was constant on a daily basis and increased with prolonged sitting, standing, and walking. The patient is noted to be taking hydrocodone/APAP 10/325 mg for breakthrough pain and tramadol 50 mg for pain twice a day. The California MTUS Guidelines state there should be ongoing documentation of patient's average pain since the period of the last assessment, least reported pain since the last assessment, intensity of pain after taking the opioid, how long the pain relief lasts, and how long it takes for pain relief, and satisfactory response may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As there is no documentation of the patient's current pain on a VAS scale, the amount of pain relief the patient receives with the use of the tramadol, the patient's functional status with use of medication, and no documentation the patient has been assessed for side effects, or possible aberrant or non-adherent drug-related behaviors, the request for tramadol does not meet guideline recommendations. **The request for tramadol ER 150 mg #60 is not medically necessary and appropriate.**

4. 1 X-Ray of the lower bag is not medically necessary and appropriate.

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 303, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pages 303-305, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is a 63-year-old male who reported an injury to his low back on 10/19/2003. The patient is noted to have undergone a lumbar decompression and fusion at L5-S1 on an unstated date and is reported to have persistent low back pain with radiation of pain to his lower extremity. On 07/15/2013, the patient is noted to have paraspinal muscle tenderness and to be able to flex to 40 degrees and extend to 20 degrees. A request for an x-ray of the lumbar spine was made for assessment of the patient's hardware. The California MTUS guidelines recommend lumbar x-rays for low back pain in the presence of red flags for serious spinal pathology. As there is no documentation of findings of tenderness to palpation over the patient's lumbar hardware and no changes noted in the patient's physical exam findings indicating serious spinal pathology, the requested x-rays of the lumbar spine do not meet guideline recommendations. **The request for 1 x-ray of the lower back is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services

and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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