

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 29-year-old male who reported an injury on 02/05/2010. The patient is diagnosed with herniated nucleus pulposus, spondylolisthesis at L4-5 with facet arthropathy, left lower extremity radiculopathy, and lumbosacral spine myofascial pain syndrome. The patient was recently evaluated by Dr. [REDACTED] on 10/10/2013. The patient complained of constant lower back pain with radiation to the left lower extremity. Physical examination revealed muscle guarding of the lumbar spine, decreased and painful range of motion, diffuse paraspinal musculature tenderness to palpation, negative piriformis and FABER testing, and intact sensation of bilateral lower extremities. The patient was then placed at maximum medical improvement and given a total whole person impairment rating of 8%. Future medical care recommended included over-the-counter anti-inflammatory medication, intermittent medications such as Vicodin and/or Soma for the next 6 to 12 months, 6 sessions of physiotherapy for each significant aggravation or flare-up of symptoms, occasional followup visits with an orthopedist, and a possible series of epidural steroid injections if radiculopathy develops. The patient was able to return to work with restrictions of no lifting greater than 30 pounds.

IMR DECISION(S) AND RATIONALE(S)

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

1. Prilosec 20mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), Treatment Index, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 68-69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state proton pump inhibitors are recommended for patients who are at intermediate or high risk of gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no evidence of risk factors or cardiovascular disease. There is also no objective documentation of gastrointestinal disorders, nor is there subjective documentation of GI upset. Based on the clinical information received, the patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

2. Flurbiprofen gel is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic pain, pages 111-113, which is part of the MTUS.

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

The Physician Reviewer's 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 anticonvulsants have failed. The only FDA-approved agent for topical use is diclofenac or Voltaren gel. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine. NSAID treatment is recommended for short-term use of 4 to 12 weeks and is indicated for osteoarthritis and tendinitis. Gabapentin and cyclobenzaprine are not currently FDA-approved for topical application. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to oral medication prior to the initiation of a topical analgesic. The patient does not currently maintain a diagnosis of osteoarthritis or tendinitis. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

3. Extracorporeal Shockwave times 6 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back, Extracorporeal Shockwave Therapy, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Low Back Chapter, Shockwave Therapy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Official Disability Guidelines state shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave for treating lower back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. As per the clinical note dated 10/10/2013 by Dr. [REDACTED], the patient completed 3 to 4 shockwave treatments to the lower back and continued to report constant lower back pain with radiation to the left lower extremity. The patient also reported numbness to the left lower extremity. Based on the clinical information received and Official Disability Guidelines the request is non-certified.

4. Ultracet is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain, pages 75 and 94-95, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 74-82 and 94-95, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state short-acting opioids are often used for intermittent or breakthrough pain. The duration of action is generally 3 to 4 hours. Tramadol is a synthetic opioid affecting the central nervous system and is indicated for moderate to severe pain. As per the clinical note dated 10/10/2013 by Dr. [REDACTED] the patient is currently taking ibuprofen twice per day and a gastrointestinal medication 5 times per day. There was no mention of this patient's active use of Ultracet. A previous request for this medication was modified on 08/27/2013. Although the patient was utilizing this medication for chronic back pain, he continued to report constant lower back pain with radiation and numbness to the left lower extremity. The patient also reported activity limitations and has been unable to return to work since 2012. His latest physical examination revealed decreased range of motion, muscle guarding, and tenderness to palpation with painful range of motion. Satisfactory response to treatment has not been indicated by a decrease in the level of pain, increase in level of function, or overall improved quality of life. Therefore, continuation of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

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[REDACTED]

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