Case Number:	CM16-0245466		
Date Assigned:	12/28/2016	**Date of Injury:**	11/02/2016
Decision Date:	02/03/2017	**UR Denial Date:**	11/23/2016
Priority:	Standard	**Application Received:**	12/22/2016

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, Pain Management

CLINICAL CASE SUMMARY

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

This case involves a now 55-year-old female with a history of an occupational claim from 11/02/2016. The mechanism of injury is detailed as lumbar strain from trying to prevent a patient from falling on top of her. The current diagnosis is documented as closed fracture of fourth lumbar vertebra with delayed healing. Past treatments were noted to include medication and activity modification. Diagnostic studies were noted to include an official MRI of the lumbar spine performed on 11/16/2016. During the assessment on 11/17/2016, the patient complained of back pain at the L4-5 level. She described her symptoms as faint and sharp. The patient complained of limited back motion. During the physical examination, the patient ambulated with a normal gait. There were spasms of the thoracolumbar spine and paravertebral musculature. There was tenderness at the thoracolumbar spine. There was no restriction of range of motion. The patient's medications were noted to include omeprazole, ibuprofen, Flector patch, lidocaine patch, and cyclobenzaprine. The treatment plan was to continue with the current medication regimen and request back support. A Request for Authorization form for the services requested was not provided for review. A prior determination dated 11/23/2016 was found not medically necessary due to no evidence the patient has arthritis to warrant the requested Etodolac; no evidence that the patient had failed any neuropathic medication to support the requested Lidoderm patch; no history of gastroesophageal reflux disease to support the requested omeprazole; the requested Flexeril is not intended for long term use; no evidence that the patient has arthritis to warrant the requested Flector patch; and the requested heat/cold therapy and lumbar support are not supported by the evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs, are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all non-steroidal anti-inflammatory drugs for the shortest duration of time consistent with the individual patient treatment goals. The treatment plan was to continue with the current medication regimen. However, there was no indication the patient was diagnosed with osteoarthritis to support the requested medication. As such, the request is not medically necessary.

Lidocaine patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines do not recommended Lidoderm patch until after a trial of a first-line therapy. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy with anti-depressants or anti-convulsants. The treatment plan was to continue with the current medication regimen. However, there was a lack of documentation regarding failure of antidepressants or anticonvulsants. The efficacy of the medication was not provided. As such, the request is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Proton Pump Inhibitors (PPIs).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events.

Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The treatment plan was to continue with the current medication regimen. However, there was a lack of subjective complaints of gastrointestinal events to support ongoing use. As such, the request is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. The treatment plan was to continue with the current medication regimen. However, there was evidence that the patient has been on this medication since at least 11/03/2016, exceeding the guideline recommendation for short term use. Given the above, the request is not medically necessary.

Flector 1.3% transdermal patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Flector patch (diclofenac epolamine).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines do not recommended as a first-line treatment. See the Diclofenac listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug or contraindications to oral non-steroidal anti-inflammatory drugs. The treatment plan was to continue with the current medication regimen. However, there was no indication that the patient was unable to use oral nonsteroidal anti-inflammatory drugs to support the requested patch. As such, the request is not medically necessary.

Back support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The treatment plan was to

request a back support. However, there was a lack of documentation indicating how the lumbar support was to benefit the patient's rehabilitation process. As such, the request is not medically necessary.

Custom touch back heat therapy pad: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat therapy.

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend heat therapy as an option for treating low back pain. The treatment plan included the request. However, the rationale for this specific heat therapy pad was not provided. There was no indication that the patient was going to use the heat therapy pad as an adjunct to a program of functional restoration. As such, the request is not medically necessary.

Hot/cold therapy wrap: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The ACOEM Guidelines state that at home local applications of heat or cold are as effective as those performed by therapists. The treatment plan included the request. However, the rationale for this specific hot/cold therapy wrap was not provided. There was no indication that the patient was going to use the hot/cold therapy wrap as an adjunct to a program of functional restoration. As such, the request is not medically necessary.