

Case Number:	CM13-0003504		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2004
Decision Date:	02/20/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/25/2013

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 Ohio 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 65 year old female with date of injury of 01/14/2004 with the mechanism of injury not provided. The patient also has a history of low back and lower extremity pain. The patient presented on 10/30/2013 complaining of mild lower back pain which radiated bilaterally into hips and anterior thighs to knees. The patient reportedly was status post 4 sessions of acupuncture with good benefit. Medications were listed as Wellbutrin XL 600mg daily, Ambien CR 12.5mg at bedtime, Actonel 150mg daily, HCTZ 25mg daily, Zetia 10mg daily, Atenolol 50mg daily, Altace 10mg daily, Cymbalta 90mg daily, Abilify 10mg daily, Norco 325mg every 4 hours as needed, OsCal 500mg three times a day, Synthroid 0.5mcg daily, Cyclobenzaprine 5mg 1-2 tabs(frequency not provided), Lorazepam 0.5mg daily, Lidoderm 5% patch every 12 hours on/12 hours off, Percocet 10/325mg every 6 hours. The patient was noted to be medication compliant. The patient reported the medications did not control all the pain but they did help her to remain functional. The patient has also reportedly had EMG/NCS studies (findings not provided) and status post injections 4 weeks prior to 10/30/2013 with 60% improvement (type of injection not provided). Surgical history included cervical discectomy and fusion at C4-5 in 1999. Motor strength is 5/5 to bilateral lower extremities. Sensation is diminished to normal touch, pinprick, and temperature along left L4 dermatome. Deep tendon reflexes (DTR's) are 2+ bilateral ankles and 2+ bilateral knees. Straight leg raise is positive at left lower extremity for radicular sign/symptom until 60 degrees. Diagnoses included lumbar disc with radiculitis, degeneration of lumbar disc and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 open MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Objective findings on examination revealed the patient had decreased sensation in the left L4 dermatome and a positive straight leg raise on the left at 60 degrees. However, these examination findings were present on all of the submitted office notes indicating there has not been a significant change in the patient's condition or any new or progressive neurological deficits to support repeat imaging at this time. As such, the requested service is non-certified.

1 prescription of Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 56-57, 112.

Decision rationale: The CA MTUS states Lidoderm may be recommended for localized peripheral and neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The documentation provided noted the patient reported her pain is somewhat controlled with the use of her medications but not all of her pain symptoms. However, the clinical information did not provide VAS scores with and without medication to objectify the pain relief. It also noted the patient reported being able to remain functional with the use of her medications; however, objective information was not provided. The clinical information provided also failed to indicate the patient had failed first-line therapy. Also, the request as submitted failed to indicate the number of patches being requested. As such, the request is non-certified.

1 prescription of Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78.

Decision rationale: The CA MTUS recommends Percocet for controlling chronic pain and often used with other analgesics such as Acetaminophen. CA MTUS states there should be ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking is recommended as well. The documentation provided noted the patient reported her pain is somewhat controlled with the use of her medications but not all of her pain symptoms. However, the clinical information did not provide Visual Analog Scale (VAS) scores with and without medication to objectify the pain relief. It also noted the patient reported being able to remain functional with the use of her medications; however, objective information was not provided. As such, the request is non-certified