

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0007800 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/11/2006 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

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 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. 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:

The patient is a 49-year-old female who reported an injury on 05/11/2006. The mechanism of injury was reported that the patient was walking down the stairs to her first period class and after taking the first step, she slipped and she went straight down into a seated position and hit her lumbar spine on the edge of a step. The patient also reported that when she went down, she hit her elbow on the railing and her right knee on the right side of the wall. The patient was diagnosed with lumbosacral neuritis and post-laminectomy lumbar syndrome. The clinical documentation states the patient complained of increased pain in her right hip and right leg. The patient also reported incisional pain from the fusion is really bothering her and states that it is a 7/10. The patient also reported 4/10 pain in the lumbar spine, 1/10 pain in the left hip, 6/10 pain in the left leg, and 7/10 pain in the right lower extremity. The patient also reported 3/10 pain in the right hip. The patient described the pain as sharp, shooting, throbbing, and tingling. The patient's surgical history includes an L4-5 fusion in 2008, L4-5 lumbar fusion revision and fusion at L5-S1 in 02/2009, revision of lumbar fusion on 12/17/2009, fusion of L2 through S1 on 02/21/2012, posterior fusion with hardware revision and shattered disc removal on 09/22/2013, and anterior fusion with hardware revision and shattered disc removal on 10/05/2013. The physical examination of the lumbar spine revealed tenderness to palpation over the right lumbar facets, left lumbar facets, right paravertebral lumbar spasm, left paravertebral lumbar spasm, right thoracolumbar spasm, left thoracolumbar spasm, right sacroiliac joint, left sacroiliac joint, right buttock, left buttock, right lumbosacral region, left lumbosacral region, and coccyx. Leg raise test was negative in the seated position. The range of motion of the right lateral flexion was 20 degrees, left lateral flexion 20 degrees, flexion 45 degrees, the pat

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Section Page(s): 68.

Decision rationale: The California MTUS states that patients at immediate risk for gastrointestinal events and no cardiovascular disease should consider use of a non-selective NSAID with either a proton pump inhibitor or use of a COX-2 selective agent. Caution is given with long-term use of proton pump inhibitors as studies of use of PPIs show that use for greater than 1 year has increased the risk of hip fracture. The patient complained of increased pain to her right hip and right leg. The patient also complained of pain to the lumbar spine, left hip, left leg, left foot, and increased pain to the right lower extremity. However, the clinical documentation submitted for review did not indicate that the patient had any complaints of gastrointestinal events or was at risk for gastrointestinal events. Also, there is no indication as to how long the patient had been taking Nexium. Given the lack of documentation to support Guideline criteria, the request for Nexium 40mg #30 with 5 refills is non-certified.

Vilbryd 40mg #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Section Page(s): 107.

Decision rationale: The California MTUS states that selective serotonin reuptake inhibitors are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The patient continued to complain of bilateral hip pain, bilateral lower extremity pain, left foot pain, and lumbar spine pain. The clinical documentation submitted for review does not indicate that the patient had any symptoms of depression, nor did the patient have a history of depression. Given the lack of documentation to support Guideline criteria, the request for Vilbryd 40mg #30 with 5 refills is non-certified.