MAXIMUS Federal Services

Case Number:	CM13-0013703		
Date Assigned:	10/01/2013	Date of Injury:	10/27/2001
Decision Date:	02/10/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection; left knee total knee arthroplasty; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitation in place. In a Utilization Review Report of August 7, 2013, the claims administrator denied a request for neurosurgery evaluation, denied a request for tramadol, denied a request for omeprazole, and denied a request for Prilosec. The applicant's attorney subsequently appealed, on August 15, 2013. An earlier note of September 3, 2013, is notable for comments that the applicant reports heightened low back pain with increase medications usage. The applicant is riding a stationary bike and states that he has a positive attitude toward taking care of himself. He is using medications twice a day. He is asked to continue with tramadol, Prilosec, and Terocin as well as TENS unit and home exercises. A neurosurgery evaluation is sought on the grounds that the applicant has mild instability noted on x-rays of August 6, 2012. An August 19, 2013, appeal letter is notable for comments that the applicant has a history of prior lumbar laminectomies with associated instability noted on x-rays of August 6, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

. One (1) neurosurgical evaluation of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral for surgical consultation is indicated in those applicants with evidence of severe, disabling radicular complaints who failed to effect improvement through conservative treatment. In this case, the applicant is an individual who has already had prior lumbar spine surgery. He apparently has radiographic evidence of residual instability following prior laminectomy surgery. Obtaining the added expertise of a neurosurgeon to determine whether or not further the surgical intervention is warranted is indicated. The request is certified, on Independent Medical Review.

One (1) prescription of Tramadol 50 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the three cardinal criteria for continuation of opioid therapy are evidence of pain relief, improved function, and successful return to work. In this case, it appears that the applicant has effected appropriate analgesia and improved performance of activities of daily living through ongoing usage of tramadol. The applicant reports diminished pain with medications and he is apparently active. He is biking on his stationary bike and participating in home exercises. Thus, although applicant has not returned to work, on balance, he does meet two of the three criteria for continuation of opioid therapy. The request is certified, on Independent Medical Review.

One (1) prescription of Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that proton-pump inhibitors, such as omeprazole are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID) induced dyspepsia. In this case, there is no evidence of dyspepsia, either NSAID induced or stand-alone. The request is non-certified, on Independent Medical Review.

One (1) prescription of Terocin (Terodoloricin) 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using and tolerating a first-line oral analgesic, tramadol, which has been certified above, effectively obviating the need for topical analgesics such as Terocin. The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are "largely experimental." The request remains non-certified, on Independent Medical Review.