

Case Number:	CM13-0019933		
Date Assigned:	10/11/2013	Date of Injury:	05/13/2009
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/04/2013

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.

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 56-year-old sustained an injury on 5/13/09 while employed by the [REDACTED]. Per treating orthopedic report from [REDACTED] dated 8/6/13, the patient is currently taking Naproxen, Norco, Tramadol, and Omeprazole which are helping some of the pain. The patient is not attending therapy and is not working. He has constant low back pain with numbness and tingling and cramping of the toes. Complaints also included right shoulder pain with limited range of motion. Objective findings noted hypersensitivity of the medial thighs bilaterally, SLR (straight leg raise) at 35 degrees supine, positive Lasegue's testing. Report indicated the patient had an MRI of the lumbar spine on 7/9/09 which showed multi-level disc protrusion at L2-5 with very large extruded disc fragment at L5-S1. Repeat MRI on 7/23/13 compared to previous was essentially unchanged except for the disappearance of the extruded disc fragment no longer present on current study. Despite new improvement on the MRI, the listed primary diagnoses include internal derangement, subacromial and subdeltoid bursitis, and supraspinatus tendinitis of the Left shoulder, musculoligamentous sprain of the lumbar spine with multi-disc bulges and extruded disc fragment at L5-S1. Treatment requests included MRI of the Lumbar spine on high field magnet, Lyrica, and Ketorolac Injection which were non-certified on 8/29/13, citing guidelines criteria and medical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine on a high field magnet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The Physician Reviewer's decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this 5/13/09 low back injury have not adequately demonstrated the indication for a repeat MRI of the Lumbar spine nor document any specific clinical findings of neurological deficits or acute red-flag findings to support this imaging study. The patient has underwent two previous MRIs, one in 2009 showing multi-level disc protrusion with large extruded disc at L5-S1; however, most recent MRI in July 2013 show no interval change except for the disappearance of the extruded disc fragment no longer visible. Submitted reports have not adequately demonstrated or support the request for the MRI of the lumbar spine. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for an MRI of the lumbar spine on a high field magnet is not medically necessary or appropriate.

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Section Page(s): 100.

Decision rationale: The Physician Reviewer's decision rationale: Pregabalin (Lyrica®) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain of 6-9/10 pain level and remains not working for this May 2009 low back injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The request for Lyrica is not medically necessary or appropriate.

Ketorolac injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section Page(s): 22.

Decision rationale: The Physician Reviewer's decision rationale: Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a "Boxed Warning" as this medication is not indicated for minor or chronic painful conditions. Report dated 8/6/13 from [REDACTED] noted ongoing chronic low back pain with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. The request for a Ketorolac injection is not medically necessary or appropriate.