

Case Number:	CM13-0022050		
Date Assigned:	10/16/2013	Date of Injury:	11/01/2010
Decision Date:	04/28/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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/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 42-year-old male who reported injury on 11/01/2010. The mechanism of injury was noted to be a slip and fall. The patient's medication history revealed naproxen for greater than 1 year and a proton-pump inhibitor (PPI) in early 2013. The examination on 07/12/2013 revealed the patient had specific complaints of numbness and tingling. The patient had what appeared to the physician to be a distribution along an L5-S1 dermatome, but the patient was noted to have good strength. The patient's range of motion was noted to be good and the patient was noted to have some muscle guarding and some muscle tenderness in the lumbar spine. The patient's diagnoses were noted to be status post re-tear oblique tear of the medial meniscus of the left knee extending all the way to the articular surface, and right shoulder internal derangement. The request was made for an MRI of the patient's low back in order to perform a referral and for medications, including Anaprox, Norco, and pantoprazole, to reduce the impact of GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OMEPRAZOLE 20MG #60:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than 6 months. There was a lack of documentation of the efficacy of the requested medication. Given the above, the prospective request for 1 prescription of Omeprazole 20mg #60 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NAPROXEN SODIUM 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. There should be documentation of an objective functional improvement and an objective decrease in the Visual Analog Scale (VAS) score. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than 3 years. There was lack of documentation of the efficacy of the requested medication. Given the above, the prospective request for 1 prescription of naproxen sodium 550mg #60 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review indicated that the physician opined the patient had a decrease along the L5-S1 dermatomal distribution, but that the patient had good strength. However, there was lack of Final Determination Letter for IMR Case Number [REDACTED] 4 documentation of specific objective myotomal and dermatomal findings to support the necessity for an MRI. Given the above, the prospective request for 1 MRI of the lumbar spine is not medically necessary.

PROSPECTIVE REQUEST FOR 1 ORTHOPEDIC SURGEON REFERRAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: ACOEM Guidelines indicate that a surgical consultation is appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging (radiculopathy), preferably with accompanying objective signs of neural compromise and activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and there should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to indicate the patient had activity limitations due to radiating leg pain. The physician opined the patient had a decrease in distribution of muscle strength along an L5-S1 dermatomal distribution, but had good strength. There was a lack of documentation of objective dermatomal and myotomal findings. Additionally, there was a lack of documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and there was a lack of documentation of failure of conservative treatment to resolve disabling radicular symptoms. Given the above, the prospective request for 1 orthopedic surgeon referral is not medically necessary.