

<b>Case Number:</b>	CM13-0026633		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 patient is a 30-year-old female the date of injury of July 21, 2007. Patient is being treated for chronic pain of cervical lumbar spine and right shoulder. Patient states that the pain affects your quality of life and mental status and it reduces her ability to perform activities of daily living. There is tenderness of the cervical paravertebral muscles, and spasms of the lumbar spine musculature. There is a possible foot drop. There is a positive impingement test of the right shoulder and limited shoulder range of motion there was guarded range of motion a lumbar spine. The patient was diagnosed with mild to moderate disc degeneration with associated pain in 2010. Also diagnoses include cervical and lumbar radiculitis. The patient underwent lumbar fusion and decompression on October 4, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 x-ray of lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines

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

**Decision rationale:** MTUS ACOEM chapter 12 page 303 states that "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." The patient is pending spinal surgery and the x-ray would help in patient management.

**Ondansetron ODT 8 mg, #60:** Overturned

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

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

**Decision rationale:** CA MTUS does not address Zofran. ODG pain chapter states that this medication is to treat nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use. This medication is prescribed for a pending lumbar spine surgery and was to be used after that procedure. Therefore, this medication is necessary.

**. Omeprazole DR 20 mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** CA MTUS chronic pain page 68 states that PPI be used when there is increased risk for GI events. This patient does not meet criteria for use of PPI. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Therefore, this medication is NOT medically necessary.

**Medrox pain relief ointment 240 gm:** 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.

**Decision rationale:** The applicant does not appear to have tried and/or failed first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method. There is, consequently, no support for usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended" and are, per page 111 of the MTUS Chronic Pain

Medical Treatment Guidelines "largely experimental." Therefore, the medication is not necessary. Topical Analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)