

Case Number:	CM13-0036362		
Date Assigned:	12/13/2013	Date of Injury:	04/22/2002
Decision Date:	02/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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 61 year old male with a date of injury of April 22, 2002. The patient injured his lower back and has a diagnosis of lumbar disc displacement. Treatments to date include: surgery (partial corpectomy L2, L3 and L4 with anterior fusion L3-4, 12/09), physical therapy (12 sessions), epidural steroid injection L3-4, and medications (Norco, Fexmid, Prilosec, Dendracin, Ultram, Anaprox). Medical records document the possibility of non-union on December 10, 2012. On October 2, 2013 patient stated having ongoing low back pain with numbness in the left foot, which appears to be a progressive neurologic deficit. Physical exam reveal normal reflexes and motor strength, but has numbness and mild weakness at S1 on the left. The most recent MRI exam was on August 28, 2009, which showed protrusions at L2-L4. Neurological symptoms are recently described at S1. A documented phone conversation with the provider reveals the possibility of non-union which can only be adequately identified via a CT scan. The phone conversation also identifies new weakness with dorsiflexion on the left and new radicular pain. The provider also confirmed that patient's pain and function were well controlled on maximum of 3 tablets of Norco daily, and patient has been compliant. It was also confirmed that the patient was experiencing gastritis from long term medications. The request is for an MRI of the lumbar spine, CT scan of the lumbar spine with 3D reconstruction, Norco, Prilosec, and Fexmid.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303-304. Decision based on Non-MTUS Citation ODG Lumbar Spine; and WebMD

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

Decision rationale: The California MTUS supports imaging of the lumbar spine when objective findings identify specific nerve compromise on the neurologic exam. This patient presents with new symptoms with pain and weakness in a S1 distribution that was not evidence on exam or explained by prior MRI in 2009. A repeat MRI testing would be appropriate to assist the provider in patient management. Therefore the request for an MRI of the lumbar spine is medically necessary and appropriate.

CT scan of the lumbar spine with 3D reconstruction: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: The California MTUS guidelines indicate that if tissue insult is evident, a consultant can select an imaging test to define potential cause (MRI for neural or other soft tissue, or CT scan for bony structures). The ODG guidelines offer specific indications for CT scan of the lower back, which includes evaluation for successful fusion if plain x-rays do not confirm fusion. For this patient the consultant was concerned about potential non-union due to ongoing symptoms and smoking habits. Fusion could not be fully confirmed with x-rays. Therefore the request for a CT scan of the lumbar spine with 3D reconstruction is medically necessary and appropriate.

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79-81.

Decision rationale: The patient's ongoing opioid therapy is supported by the California MTUS Chronic Pain Guidelines due to the following: His prescriptions are from one provider and are taken as directed. Prescription is for lowest controlling dose. There is ongoing review of efficacy and functional status. There is no evidence of aberrant behavior. There is no evidence of significant side effects. Therefore, this request for ongoing treatment with Norco is medically necessary and appropriate.

Prilosec 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG Pain Chapter and Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA Omeprazole

Decision rationale: The Chronic Pain Medical Treatment Guidelines support Prilosec for patients who are intermediate to high risk for adverse GI (gastrointestinal) events. Guidelines specifically indicate that a risk factor for GI events is high dose or multiple NSAIDs. FDA guidelines acknowledge Prilosec is indicated to treat GI disorders such as gastric/duodenal ulcers, GERD, and erosive esophagitis. It is also utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. Since this patient has been on long term NSAIDs and has complaints of gastritis, the request for Prilosec is medically necessary and appropriate.

Fexmid 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation ODG formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) and Muscle relaxants (for pain) Page(s): 41, 63.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines only supports muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Also, most often, muscle relaxants offer no benefit beyond NSAIDs in pain control or functional improvement. Efficacy also appears to diminish over time. This patient appears to have been taking Fexmid on a chronic basis for quite some time and was not utilizing the medication for approved acute exacerbations of chronic low back pain. Therefore, the request for Fexmid is not medically necessary and appropriate.