

Case Number:	CM13-0036971		
Date Assigned:	12/13/2013	Date of Injury:	09/14/2012
Decision Date:	02/17/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/22/2013

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 Orthopedic Surgery, was Fellowship trained in Spine Surgery, 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 39-year-old female who reported an injury on 9/14/12 after being pushed by a coworker. The patient underwent a lumbar spine MRI that revealed an L4 5 and L5-S1 disc protrusion abutting the thecal sac. The patient developed chronic low back pain and chronic neck pain that was treated with physical therapy and medications. The patient's most recent clinical examination revealed tenderness to the paraspinal musculature of the lumbar spine and thoracic spine, and tenderness to palpation of the para shoulder musculature bilaterally. The patient's diagnoses included chronic intractable low back pain, lumbar strain, thoracic strain, multilevel disc herniations of the lumbar spine, radiculitis of the bilateral lower extremities, cervical strain, bilateral shoulder strain, gastritis, and depression secondary to chronic pain. The patient's treatment plan included medications to include diclofenac, omeprazole, tramadol, Wellbutrin, and Ondansetron, and a specialty consultation for spine surgery. 

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg: Upheld

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

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

Decision rationale: The California Medical Treatment and Utilization Schedule recommends "the lowest dose for the shortest period in patients with moderate to severe pain." However, it is also noted that acetaminophen may be considered for initial therapy for patients who have gastrointestinal, cardiovascular, or renovascular risk factors. The clinical documentation submitted for review does provide evidence that the patient previously discontinued oral medications due to significant gastrointestinal upset. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to a course of acetaminophen as a first line treatment. As such, the requested Diclofenac XR 100mg is not medically necessary or appropriate.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/prilosec.html.

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has had a history of gastrointestinal upset related to medication usage. The California Medical Treatment and Utilization Schedule does recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. However, the clinical documentation submitted for review does not provide any current deficits related to medication usage that would require medication management. Additionally, the California Medical Treatment and Utilization Schedule does not support the prophylactic use of omeprazole. As there is not an adequate evaluation to support the need for this medication, its use would not be indicated. As such, the requested Omeprazole 20mg is not medically necessary or appropriate.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The California Medical Treatment and Utilization Schedule does recommend tramadol in the use of moderate to severe pain. However, this medication is in the opioid classification, which is not considered a first line treatment. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line medications. Therefore, the use of tramadol ER 150 mg would not be indicated. As such, the requested Tramadol ER 150mg is not medically necessary or appropriate.

lumbar spine surgery consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has chronic pain. However, the American College of Occupational and Environmental Medicine recommends surgical consultation when the patient has exhausted all lower levels of conservative treatment. The clinical documentation submitted for review does provide evidence that the patient is a candidate for epidural steroid injections. Additionally, it does not appear that the patient has failed to respond to first line medications. Therefore, there is no way to determine that the patient has failed to respond to all lower levels of conservative treatment prior to surgical intervention. As such, the requested lumbar spine surgery consult is not medically necessary or appropriate.