

Case Number:	CM13-0049563		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2011
Decision Date:	03/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 63-year-old male who reported an injury on 08/12/2011. The patient is status post XLIF of the lumbar. The progress note dated 12/18/2013 stated the patient was doing reasonably well. The patient was getting some right hip cramping and radiating leg pain. The objective findings revealed slight tenderness of the surgical excisions to palpation. Lumbar range of motion was somewhat guarded. No obvious gait abnormalities. The diagnostic studies taken showed excellent hardware placement at L3-5. No implant failure or fracture seen. The assessment indicated possible radiculopathy after XLIF. The treatment plan included imaging studies and a follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for Atenolol 50mg a day Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet Search: US National Library of Medicine/National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: website Rx-list.com

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM nor the ODG address the request. Rxlist.com states Atenolol, a beta-adrenergic blocker, is used for treating hypertension, preventing angina, or improving survival after a heart attack. The patient complained of pain however, the clinical documentation submitted for review does not indicate the patient had any comorbidities. Also, the documentation does not show evidence that Atenolol is being used for a compensable injury. Given the lack of documentation to support guideline criteria, the request is noncertified.

requested treatment for Finasteride 5mg a day Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet Search: US National Library of Medicine/National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: website Rxlist.com

Decision rationale: CA MTUS/ACOEM nor ODG address the request. Rxlist.com states, Finasteride, a synthetic 4-azasteroid compound, is a medication used to treat benign prostatic hyperplasia. The patient complained of pain to the hip however, the clinical documentation submitted for review does not indicate the patient had comorbidities. Also, the documentation does not show evidence that the use of finasteride is for treatment of a compensable injury. Given the lack of documentation to support guideline criteria, the request is noncertified.

requested treatment for Pravastatin 40mg at bedtime Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet Search

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: website Rxlist.com

Decision rationale: CA MTUS/ACOEM nor the ODG address the request. Rxlist.com states, Pravastatin, a lipid-altering agent, is a drug therapy indicated as an adjunct to diet when the response to a diet restricted in saturated fat and cholesterol and other nonpharmacologic measures alone has been inadequate. The patient complained of pain however, the clinical documentation submitted for review does not show that the patient had comorbidities. Also, the documentation does not show evidence that pravastatin is being used for a compensable injury. Given the lack of documentation to support guideline criteria, the request is noncertified

requested treatment for Protonix 40mg a day Qty1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section(non-steroidal anti-inflammatory drugs) NSAIDs,(Gastrointestinal) GI symptoms & cardiova.

Decision rationale: Chronic Pain Medical Treatment Guidelines states patients at immediate risk for gastrointestinal events and no cardiovascular disease are recommended the usage of a nonselective NSAID with a proton pump inhibitor or misoprostol or a COX-2 selective agent. The patient complained of pain; however, the documentation submitted for review does not show evidence that the patient was having any gastrointestinal events. Given the lack of documentation to support guideline criteria, the request is noncertified.

request for Ibuprofen 800mg every 6 hours as needed Qty1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends NSAIDs for chronic low back pain as an option for short term symptomatic relief. The patient complained of pain to the right hip however, the clinical documentation submitted for review does not indicate how long the patient has been using ibuprofen. Given the lack of documentation to support guideline criteria, the request is noncertified.

requested treatment for Cervical Epidural Steroid Injection Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections as an option for treatment of radicular pain. Although the patient complained of right hip pain and leg pain, the documentation submitted for review did not include imaging studies to corroborate the physical examination findings of radiculopathy. Given the lack of documentation to support guideline criteria, the request is noncertified.