

Case Number:	CM13-0050967		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2013
Decision Date:	04/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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, 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:

This is a 56-year-old female who sustained a workplace injury on February 26, 2013 when she felt pain while attempting to lift a patient. She had several visits at the [REDACTED] with slow but gradual improvement of her back pain and leg pain to the point where she was able to return to modified work and also underwent a work hardening program. She was complaining of pain in her back without radiculopathy. On 5/10/2013 she was seen by [REDACTED] neurosurgical associates and at that time she was complaining of pain in her back with radiation down both legs right greater than left. There was no bowel or bladder problem noted. A physical examination showed bilateral absent ankle reflexes and hypesthesia over the right lateral calf and dorsum of foot. An MRI was performed on 4/1/13 that revealed a grade 1 spondylolisthesis at L4-5, mild to moderate foraminal stenosis at multiple levels and a lateral recess stenosis on the right at L4-5. A recommendation for epidural injections was given, which the patient declined. The patient was examined on October 15, 2013, she was complaining of pain in her neck and both shoulders with radiation into her arms, also complaining of low back pain with radiation into both legs, and she had associated numbness and tingling in her arms, hands, legs, and feet associated with weakness. This examiner states that her symptoms have been getting worse since the injury, however, throughout the medical record, there are multiple documentations of the patient improving. The examiner states the patient was reporting losing urine and bowels, however, on the review of systems, the patient was negative for incontinence of urine or bowel. The examination reveals loss of spinal mobility, TTP (thrombotic thrombocytopenic purpura) over the lumbar muscles and a positive straight leg raise bilaterally, some weakness of right knee extension and decreased sensation over the L5-S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, lumbar and Thoracic, MRIs.

Decision rationale: This patient's symptoms have tended to 'wax and wane' depending on who was interviewing her. Basically they are unchanged between the examination of October 15 and examination of May 10. ACOEM (American college occupation and environmental medicine) does not specifically address repeat MRIs but they do mention that MRIs may be misleading. The ODG suggest that repeat MRIs be reserved for significant changes in the patient's symptoms or findings suggesting significant pathology. This patient does not have significant changes in her condition and there is nothing to suggest that she has significant pathology. Therefore the medical necessity of repeat MRI scan has not been established.

Ultram ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient has been maintained for several months on either no medication or NSAIDs (non-steroidal anti-inflammatory drug). Therefore, before beginning a therapeutic trial of opioids, a treatment plan should be established. This treatment plan is outlined in the chronic pain guidelines under the heading of "therapeutic trial of opioids". There is no documentation of any treatment plan in the medical records pertaining to initiating opioids. Therefore, at this time, the medical necessity of opioids has not been established.

Prilosec 20mg:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI) Gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI) Gastrointestinal symptoms and cardiovascular risk Page(s): 68-72.

Decision rationale: The chronic pain guidelines recommend a protein pump inhibitor if the patient is an intermediate risk for gastrointestinal (GI) events and has no cardiovascular disease. Patients at risk are those over 65 who have a history of peptic ulcer, GI bleeding or perforation,

are using aspirin, cortical steroids, or anticoagulants, or are on high-dose NSAIDs (non-steroidal anti-inflammatory drug). There is no documentation in the record that this patient has these risk factors; therefore, the medical necessity of using Prilosec has not been established.

Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation literature published by the drug manufacturer and Official Disability Guidelines: Mental Illness and Stress Chapter

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

Decision rationale: The provider states in his examination, under the review of systems, that the patient has no problem going to sleep or remaining asleep throughout the night but she does have feelings of depression at times. Trazodone is listed as a sedating antidepressant and has been used in the treatment of insomnia, however, there is less evidence to support its use for insomnia but they may have an option for patients with coexisting depression. Since the patient does not appear to have any difficulty sleeping or remaining asleep, the medical necessity of using Trazodone has not been established.