

Case Number:	CM13-0052964		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2002
Decision Date:	03/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 7, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It is not clearly stated whether the patient's limitations have been accommodated or not. In a utilization review report of November 5, 2013, the claims administrator certified a follow-up visit, denied a request for Celebrex, denied a request for Prilosec, denied a request for Zanaflex, partially certified tramadol for weaning purposes, denied Lidoderm patches, partially certified a TENS unit one-month trial, denied a lumbar MRI, and denied a neck MRI. Non-MTUS ODG Guidelines were cited, it is incidentally noted. The patient's attorney subsequently appealed. In a November 14, 2013 progress note, the patient is described as presenting for an annual follow-up. The patient reports weakness about the legs. The patient is presently on aspirin, digoxin, losartan, Cialis, diltiazem, and Pradaxa. The patient's BMI is 29. An echocardiogram is endorsed. An earlier progress note of October 2, 2013 is notable for comments that the patient reports chronic low back pain with associated neck pain and headaches. The patient states that weather has resulted in heightened complaints. Negative straight leg rising is noted. The patient is given refills of Celebrex, Prilosec, Zanaflex, tramadol, and Lidoderm patches. Permanent work restrictions are renewed. Lumbar MRI, TENS-EMS unit, and a neck MRI are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medications do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here. COX 2 inhibitor such as Celebrex can be considered if an applicant has a history of or risk of GI complications but are not indicated in the majority of patients. In this case, however, no history of GI complications have been clearly narrated, described, or elaborated upon by the attending provider. Therefore, the request is not certified.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton-pump inhibitor such as Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear description or evidence of dyspepsia, reflux, heartburn, or other GI related conditions for which ongoing usage of Prilosec, a proton-pump inhibitor, would be indicated. Therefore, the request remains non certified, on independent medical review.

Zanaflex x 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: As noted on page 66 of MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex can be employed for off label purposes, in the treatment of low back pain and/or myofascial pain. In this case, however, as with other medications, the attending provider has not clearly narrated or described the applicant's previous response to usage of tizanidine. There is no evidence of functional improvement in terms of the parameters established in MTUS 9792.20f despite prior usage of tizanidine. The applicant has permanent work restrictions, which remain in place, unchanged, from visit to visit. There is no clear evidence of functional

improvement effected as a result of ongoing tizanidine usage. Therefore, the request for tizanidine (Zanaflex) is not certified.

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, tramadol is an opioid/synthetic opioid. The applicant has failed to clearly demonstrate improvement in terms of parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. He does not appear to have returned to work with permanent work restrictions in place. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living affected as a result of ongoing tramadol usage. Therefore, the request is not certified.

Lidoderm patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is recommended in the treatment of neuropathic pain after there has been an evidence of trial of first line antidepressants and/or anticonvulsants. In this case, however, there has been no evidence that antidepressants and/or anticonvulsants have been tried and/or failed before Lidoderm patches were considered. Therefore, the request is not certified.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of the TENS unit is a prerequisite to pursuit of purchase of the device. In this case, there was no evidence that a one-month trial of the device had been sought

before a request to purchase the device was considered. It is further noted that attending provider is seeking a combination of TENS-NMES device. Page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that NMES devices are not recommended outside of the post-stroke rehabilitative context. NMES is not recommended in the chronic pain context present here. For all of the stated reasons, then, the request is not certified, on independent medical review.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to conservative treatment and who would consider a surgical remedy were it offered to them. In this case, however, there is no evidence that the applicant has any focal lower extremity motor deficits, which would warrant lumbar MRI imaging, nor is it suggested that the applicant would consider a surgical remedy were it offered to him. Therefore, the request for lumbar MRI imaging is not certified.

MRI of the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8 do support MRI imaging to validate a diagnosis of nerve root compromise in those individuals with clear history and physical findings suggestive of the same, in preparation for an invasive procedure, in this case, however, it is not clearly stated that the applicant would consider cervical spine surgery were it offered to him. There is no clear evidence of upper extremity neurologic compromise, moreover, appreciated on the most recent office visit. Therefore, the request for neck MRI imaging is not certified.