

Case Number:	CM13-0053199		
Date Assigned:	12/30/2013	Date of Injury:	04/12/1999
Decision Date:	03/18/2014	UR Denial Date:	10/29/2013
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 Physical Medicine and Rehabilitation, 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 52-year-old male who reported injury on 04/12/1999. The mechanism of injury was noted to be the patient fell off a ladder. The most recent clinical documentation indicates the patient has lumbar radicular pain on the left side, cervical pain, neuralgia, lumbago, disc disease and facial pain along with insomnia related to pain and GERD/dyspepsia with gastroparesis. The patient had a positive Spurling's test and bilateral paresthesias of both hands along with paraspinal muscle spasm and paraspinal tenderness. The patient's medications were noted to be Lunesta, Norco and Nexium. The patient had previously tried generic PPIs that had been ineffective. The patient was noted to have slight epigastric tenderness to palpation. It was indicated there was no MRI of the thoracic spine available. The request was made for an MRI of the thoracic spine, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: ACOEM Guidelines indicate that for most patients presenting with true neck and upper back problems, special studies are not needed unless the 3 to 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies were noted to be emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. The patient had a positive Spurling's Test. The patient had bilateral paresthesia of both hands. However, there was a lack of documentation indicating the patient had a failure to progress in a strengthening program intended to avoid surgery and specific myotomal and dermatomal findings to support neurologic dysfunction. There was a lack of documentation indicating prior studies that had been performed since injury. Given the above, request of an MRI of the thoracic spine is not medically necessary.

Lunesta 3mg: Upheld

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

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

Decision rationale: Official Disability Guidelines indicate first line medications for insomnia include Lunesta. The clinical documentation indicated that the patient was sleeping poorly and did not feel like doing anything. The patient had previously been treated with Lunesta for a long time. There is a lack of documentation of objective functional benefit received from the medication. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Lunesta 3 mg is not medically necessary.

Nexium DR 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to have failed generic PPI trials and was placed on Nexium. As such, secondary guidelines were sought. Official Disability Guidelines indicate that Nexium is appropriate once there has been a trial of a generic PPI that was ineffective. There was a lack of documentation indicating if the previously prescribed Nexium was effective. Per the submitted request there is a lack of documentation of quantity being requested. Given the above, the request for Nexium DR 40 mg is not medically necessary.

