

Case Number:	CM13-0053849		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2012
Decision Date:	06/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 54 year old female who was injured on 07/06/2012 when she fell from an attic while working as a housekeeper. She fell approximately ten feet to the ground. She sustained injuries, which included burst fracture of the lumbar spine. Prior treatment history has included physical therapy, chiropractic treatment, medications, spinal cord and posterior arthrodesis and cervical laminectomy; Naproxen, Toradol injections, Fexmid, Buspar, Wellbutrin. PR2 dated 04/01/2014 indicates the patient complains of pain in the cervical and lumbar spine with headaches. She reports physical therapy is helping a little as well as the Toradol injections. Objective findings on exam reveal cervical and lumbar spine stiffness and there is limited range of motion. The patient is diagnosed with left shoulder sprain, cervical spine sprain, radiculopathy, and status post lumbar spine surgery. The patient is instructed to continue Cymbalta, continue physical therapy. The remaining notes are illegible. PR2 dated 11/05/2013 reports the patient presents with cervical spine pain and lumbar spine pain. On exam, she has decreased range of motion of the cervical and lumbar spine. The remaining notes are illegible. Prior UR note dated 11/12/2013 documents there is lack of documentation of residual neurological deficits to authorize a follow-up visit; therefore the request is denied. There is no evidence to support improvement in pain or function with Naproxen. Soma is not authorized as there is no evidence such as recent improvement with the muscle relaxant, quantitative pain ratings or improvement in function. Toradol is not recommended for chronic pain conditions. As for the referral to an urologist, it is not warranted as there must be an indication for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) NEUROLOGY POST SURGERY FOLLOW-UP BETWEEN 11/3/2013 AND 12/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 179-180.

Decision rationale: Referral for surgical consultation is indicated for patients who have: - Persistent, severe, and disabling shoulder or arm symptoms - Activity limitation for more than one month or with extreme progression of symptoms - Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term - Unresolved radicular symptoms after receiving conservative treatment The CA MTUS ACOEM guidelines state physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for consultation. The PR-2 dated 4/01/14 documents examination findings of stiffness with limited cervical and lumbar range of motion. There are no significant findings on examination. The examination does not document the presence of any neurological deficits on a physical examination, and the medical records do not establish the patient has a surgical lesion revealed on an imaging study. The medical records do not indicate a significant change or worsening of the patient's status as to suggest the patient has a new surgical lesion, nerve compromise, or other significant pathology. Medical necessity is not established.

ONE (1) NEUROLOGY VISIT FOR HEADACHES BETWEEN 11/3/2013 AND 12/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back; ; and Chronic Pain Disorder Medical Treatment Utilization Schedule (MTUS) Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the CA MTUS guidelines, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The patient complains of chronic pain in the cervical and lumbar spine with headaches without interval injury or significant worsening. She reports physical therapy is helping a little as well as the Toradol injections. Objective findings on exam reveal cervical and lumbar spine stiffness and there is limited range of motion. The

medical records do not provide any specifics regarding her headache complaint, i.e. frequency, duration, intensity, associated symptoms, etc. She reportedly had neurology consult authorized in the recent past, but no report is available. The medical necessity of the request has not been established.

ONE (1) UROLOGIST VISIT FOR URINARY PROBLEMS BETWEEN 11/3/2013 AND 12/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The CA MTUS/ACOEM guidelines state, "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The patient reportedly had a urology consult approved on 10/28/13. The records are not available such that need for further follow-up is not established.

ONE (1) PRESCRIPTION FOR NAPROXEN BETWEEN 11/3/2013 AND 12/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-68.

Decision rationale: According to the CA MTUS, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The patient complains of cervical and lumbar pain and headaches. The medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines without documented clinically significant functional improvement or pain reduction. The medical necessity of the request is not established.

ONE (1) PRESCRIPTION FOR SOMA BETWEEN 11/3/2013 AND 12/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma®).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carisoprodol (Soma®)

Decision rationale: According to the CA MTUS and Official Disability Guidelines, Carisoprodol (Soma®) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. There is no evidence of muscle spasms or exacerbation indicated on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines.

ONE (1) PRESCRIPTION FOR TORADOL BETWEEN 11/3/2013 AND 12/23/2013:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, specific drug list & adverse effects

Decision rationale: The dosage and frequency of Toradol prescription has not been provided. According to the CA MTUS guidelines, Ketorolac (Toradol®) is not indicated for minor or chronic painful conditions. According to the Official Disability Guidelines, the oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. The patient's condition is clearly chronic, in which case Toradol is not appropriate. The medical records indicate the patient has received multiple Toradol injections. As stated, this medication is not recommended for chronic conditions. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. The medical records do not establish other safer alternatives are not an option in this case. The medical records do not establish Toradol is appropriate and medically necessary for the management of this patient's chronic pain complaints.