

Case Number:	CM13-0056089		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2000
Decision Date:	04/16/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/21/2013

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 Interventional Spine, 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 70-year-old male with a date of injury of 09/15/2000. The listed diagnoses per the provider are: 1) Status post lumbar spine surgery with laminectomy and discectomy on 04/19/2012 with some residual numbness over lateral toes, heel and left foot. 2) Side effects with dizziness and hypertension with Fentanyl patches 3) Gastrointestinal upset due to medication use, intermittent According to report dated 10/01/2013 by the provider, the patient presents with a recent set back since 09/01/2013 with aggravation of radicular paresthesias in the left leg and foot. The provider would like to rule out recurrent disc herniation or dysfunction of the level above or below the surgery. The examination of the lumbar spine revealed Active range of motion (AROM) all within normal range, positive straight leg raise (SLR) test on the left which produced buttock and posterior thigh pain. There was decreased sensation in the left second through fifth toes over the sole and heel. Sensation is altered in the left anterolateral thigh and left anterolateral leg in the L4 and L3 dermatomal pattern. The patient is also noted to have gastrointestinal upset due to medications. The current medications include Ketoprofen, Prilosec, Percocet and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2007), Chapter 12), pg. 57

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with a flare up in low back pain with paresthesias in the left thigh and anterolateral leg. The provider is requesting an MRI (magnetic resonance imaging) of the lumbar as he has stable numbness in the foot and new sensory complaints. A utilization review dated 10/21/2013 denied the request stating patient has not attempted adequate conservative care for this recent flare-up in symptoms. For special diagnostics, ACOEM Guidelines states, "Unequivocal objective findings that identified specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option when the neurologic examination is less clear. However, further physiologic of nerve dysfunction should be obtained before ordering an imaging. Indiscriminate imaging will result in false positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery." In this case, the treater has asked for an MRI based on the patient's radicular symptoms with positive left sided straight leg raise (SLR). Review of records show patient has not had a recent MRI following prior lumbar surgery. Given the patient's radicular symptoms and positive exam, an MRI may be warranted at this juncture. The recommendation is for authorization.

Ketoprofen 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 60, and 111.

Decision rationale: This patient presents with a flare up in low back pain with paresthesias in the left thigh and anterolateral leg. The provider is requesting a refill of Ketoprofen 75mg. A utilization review dated 10/21/2013 modified certification to allow for #120. The MTUS guidelines supports use of nonsteroidal anti-inflammatory drugs (NSAIDs) for low back pain in the acute and chronic stage. A review of reports show this patient has been on Ketoprofen since 01/10/2013. In this case, the provider documents the patient's pain; however, there are not a single discussion on the efficacy of this medication. The MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. The recommendation is for denial.

Prilosec 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Nonsteroidal anti-inflammatory drugs (NSAIDs), GI symptoms & cardiovascular risk Page(s).

Decision rationale: This patient presents with a flare up in low back pain with paresthesias in the left thigh and anterolateral leg. The provider is requesting a refill of Prilosec for patient's gastrointestinal (GI) upset. A utilization review dated 10/21/2013 modified certification to allow for #60. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below: (1) Clinician should weigh the indications for nonsteroidal anti-inflammatory drugs (NSAIDs) against both GI and cardiovascular risk factors, (2) Determine if the patient is at risk for gastric event, (3) Age is less than 65 years, (4) History of peptic ulcer, GI bleeding, or perforation, (5) Concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or anticoagulant or for (6) High dose/multiple NSAID. The provider indicates in multiple reports from 01/10/2013 to 10/01/2013 that patient suffers from gastrointestinal issues due to chronic medication use. The medical records indicate this patient has been taking Ketoprofen since 01/10/2013. Given the patient's GI upset and long term NSAID usage, recommendation is for approval.

90 Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medications for chronic pain, Section Opioids for chronic pain, and section Criteria for.

Decision rationale: This patient presents with a flare up in low back pain with paresthesias in the left thigh and anterolateral leg. The provider is requesting a refill of Percocet 10/325mg. A utilization review dated 10/21/2013 modified certification from #90 to #45. For chronic opiate use, the MTUS Guidelines require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. The documentation of the 4 A's, analgesia, activities of daily living (ADLs), adverse side effects, adverse behavior, is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical records indicate that this patient has been prescribed Percocet since 01/10/2013. A review of reports from 01/10/2013 to 10/01/2013 provides no discussions regarding how Percocet has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. The recommendation is for denial.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants (for pain) Page(s): 63.

Decision rationale: This patient presents with a flare up in low back pain with paresthesias in the left thigh and anterolateral leg. The provider eater is requesting a refill of Soma 350mg. A unitization review modified certification to allow for #45 due to recent flare-up. The MTUS Guidelines regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs)and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." A review of medical records indicates this patient has been prescribed Soma since 01/10/2013. Muscle relaxants are recommended for short-term use only. Furthermore, the treater has prescribed Soma for muscle spasms however, no muscle spasms are noted upon examination. The recommendation is for denial.