MAXIMUS Federal Services

Case Number:	CM13-0056170		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2011
Decision Date:	04/17/2014	UR Denial Date:	11/11/2013
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 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:

This is a 60-year-old female who was injured on 1/13/2011. She was diagnosed with lumbar strain; right hip sprain; right knee sprain; right ankle sprain; lumbar annular tear at L3/4 and L4/5; and central canal stenosis at L3/4 and L4/5. According to the 10/15/13 physical medicine and rehabilitation report from [redacted], the patient presents with low back pain that radiates to the right leg. Medications and the patch were reported to be helping. [redacted] recommended spinal surgery consult because there was no improvement with the lumbar epidural steroid injection (LESI). He dispensed Prilosec for stomach protection, klonopin, Soma to relax the muscles, Norco and Duragesic 12.5mcg patches and recommended SI joint injection on the right side. On 11/11/13, MEDEX utilization review recommended noncertification for the medications, the surgical consult and the sacroiliac (SI) joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-6.

Decision rationale: The MTUS/ACOEM guidelines state : "Within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy." The patient's injury was in 2011. The physical medicine and rehabilitation physician noted that patient tried conservative treatment and did not respond to the epidural injection and requests surgical consult. The request appears to be in accordance with ACOEM guidelines.

Prilosec 20mg #30: 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).

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

Decision rationale: According to the 10/15/13 physical medicine and rehabilitation report from [redacted], the patient presents with low back pain that radiates to the right leg. The patient is not taking nonsteroidal anti-inflammatory drugs (NSAIDs). The patient is not reported to have gastroesophageal reflux disease (GERD), or any of the risk factors for gastrointestinal (GI) events listed under the MTUS guidelines that would support use of a Proton-pump inhibitors (PPIs) such as omeprazole for use on a prophylactic basis. The request is not in accordance with MTUS guidelines.

Klonopin 0.25mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 10/15/13 physical medicine and rehabilitation report from [redacted], the patient presents with low back pain that radiates to the right leg. The 9/17/13 report from [redacted] shows that a 30-day supply of Klonopin was dispensed. The MTUS guidelines state that benzodiazepines are not recommended over 4-weeks. The 30-day supply of Klonopin dispensed on 10/15/13 when combined with the prior 30-day supply from 9/17/13 will exceed the MTUS recommendations.

Soma 350mg #60: 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): 63-66.

Decision rationale: According to the 10/15/13 physical medicine and rehabilitation report from [redacted], the patient presents with low back pain that radiates to the right leg. The physician dispensed a 30-day supply of Soma. The records show that the patient has been on Soma since at least 1/15/13. The MTUS guidelines specifically state this is not to be used over 3-weeks. The 30-day supply prescribed on 10/15/13 will exceed the MTUS recommendations.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Long-term Opioid use Page(s): 88-89.

Decision rationale: According to the 10/15/13 physical medicine and rehabilitation report from [redacted] the patient presents with low back pain that radiates to the right leg. Medications and the patch were reported to be helping. The MTUS criteria for long-term use of opioids state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And that "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." On reviewing the medical records, the 7/16/13 medical report from [redacted] provides a pain assessment with numeric scale. He reports pain is at 7/10 and with the medication it goes down to 5-6/10. According to the MTUS guidelines, this is a satisfactory response. The MTUS does not require discontinuing or weaning of pain medications if they are providing a satisfactory response.

Duragesic 12.5 mcg/hr Patch #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Food and Drug Administration (FDA): http:www.durgs.com/pro/duragesics.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Long-term Opioid use Page(s): 88-89.

Decision rationale: According to the 10/15/13 physical medicine and rehabilitation report from [redacted], the patient presents with low back pain that radiates to the right leg. Medications and the patch were reported to be helping. The MTUS criteria for long-term use of opioids state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." And that "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." On reviewing the medical records, the 7/16/13 medical report from [redacted] provides a pain assessment with numeric scale. He reports pain is at 7/10 and with the medication it goes down to 5-6/10. According to the MTUS guidelines, this is a satisfactory response. The MTUS

does not require discontinuing or weaning of pain medications if they are providing a satisfactory response.

SI joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip chapter, for SI joint blocks

Decision rationale: According to the 10/15/13 physical medicine and rehabilitation report from [redacted] the patient presents with low back pain that radiates to the right leg. I have been asked to review for necessity of an SI joint injection. The 10/15/13 report does not list any SI joint exam findings. The Official Disability Guidelines (ODG) guidelines requires documentation of at least 3 positive exam findings for the following tests: "Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." Without the sacroiliac (SI) joint exam findings, the request is not in accordance with ODG guidelines.