

Case Number:	CM13-0056610		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2010
Decision Date:	07/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgeon 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 35 year old male who was injured on 09/22/2010 while he was performing his duties which included sorting debris. He stated a truck dropped a Jacuzzi into debris pile and the Jacuzzi ricocheted towards him and landed on his left leg (thigh) and he fell to the ground and landed on his right arm. Prior treatment history has included sessions of physical therapy and chiropractic therapy; Naproxen sodium. Diagnostic studies reviewed include MRI of the cervical spine dated 01/03/2013 revealed 1) C3-C4 broad 2-3 mm central protrusion; left foramen appears mildly narrow 2) C5-C6 broad 2-3 mm posterior central protrusion; no canal or foraminal stenosis. MRI of the lumbar spine dated 02/03/2011 revealed 1) Mid-line annular tear and 2 mm central L5-S1 disc protrusion with no mechanical effect on neural structure 2) A 2 mm broad based disc protrusion with high intensity zone at L4-L5 causes mild thecal sac effacement. EMG/NCS dated 03/18/2011 revealed evidence most consistent with left-sided radiculopathy involving L4 nerve root. UDS dated 05/09/2011 revealed negative test results. Progress report dated 10/30/2013 indicated the patient had complaints of low back pain which he rated as 6/10 with lower extremity pain. The pain increased with activity and medications offered him temporary relief. On exam, there is tenderness to palpation of the lumbar spine and left hip. He has decreased range of motion of the lumbar spine. He ambulated with a straight cane. The patient was diagnosed with knee sprain/strain; lumbosacral sprain/strain; cervical sprain/strain; and shoulder strain, unspecified site. The treatment and plan included an ortho consult for lumbar spine and the patient was given Naproxen, Tramadol ER, Lidopro and Omeprazole. Prior utilization review dated 11/07/2013 states the request for 1 prolig ext lumbar support brace medium is non-certified as the patient was noted to have chronic symptoms; One MRI is non-certified as medical necessity has not been established; EMG/NCS for the lower extremity is non-certified as there is no evidence to support the request;

Unknown chiropractic sessions is non-certified as there is no clear indication of how many sessions are being requested and there is no documented functional improvement; prescription of tizanidine 4mg was modified to 1 prescription of tizanidine 4 mg up to #30 as there is no specified quantity listed in the request; Naproxen Sodium 550 mg was modified to one prescription of Naproxen Sodium 500 mg up to #60 as there is no specified quantity listed in the request; Tramadol 150 mg was modified to tramadol 150 up to #60 as there is no specified quantity listed in the request; omeprazole was non-certified as medical necessity has not been established; Therapeutic ultrasound is non-certified as the criteria has not met guideline recommendations; Methoderm 120 mg is non-certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PROLIGN EXT LUMBAR SUPPORT BRACE MEDIUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

Decision rationale: According to the CA MTUS guidelines, lumbar support is not recommended for treatment. According to ODG, lumbar support is not recommended for prevention. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low quality evidence, but may be a conservative option). The medical records document the patient was diagnosed with Lumbosacral/joint/ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. MRI of lumbar spine dated 2/3/2011 revealed a midline annular tear and 2mm central L5-S1 disc protrusion with no mechanical effect on neural thecal and a 2 mm broad disc protrusion with high intensity zone at L4-L5 causes midline thecal sac effacement. In the absence of documented acute trauma, fracture of lumbar spine or any recent surgical intervention of the lumbar spine, the request is not medically necessary according to the guidelines.

1 MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging (MRI).

Decision rationale: According to the CA MTUS guidelines, MRI is recommended to identify anatomic defect. According to ODG, MRI is indicated for the following cases: chronic neck pain

after 3 months conservative treatment with neurologic symptoms, neck pain with radiculopathy, spondylosis, old trauma, bone or disc margin distraction, and trauma of cervical spine. The medical records document the patient was diagnosed with Lumbosacral/joint/ligament: sprain/strain, cervical sprain/strain; neck and knee sprain/strain. MRI of cervical spine dated 1/3/2013 revealed a C3-C4, broad 2-3 mm posterior central protrusion. Left foramen appears mildly narrowed and C5-C6, broad 2-3 mm posterior central protrusion. No canal foraminal stenosis. In the absence of documented acute trauma, or any neurological deficit of the upper extremities recently, the request is not medically necessary according to the guidelines.

1 EMG/NCS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMG.

Decision rationale: According to the CA MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to ODG, EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. NCS is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The medical records document the patient was diagnosed with Lumbosacral joint/ ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. Electrodiagnostic study dated 3/18/2011 revealed abnormal study there was left sided lumbar radiculopathy involving L4 nerve root. In the absence of documented medical indication for this study and as the NCS is not recommended, the request is not medically necessary according to the guidelines.

UNKNOWN CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to the CA MTUS guidelines, Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The medical records document the patient was diagnosed with Lumbosacral joint/ligament sprain/strain, cervical sprain/strain; neck and knee

sprain/strain. In the absence of documentation of intended treatment to the body area as well as frequency and duration of the chiropractic sessions, the request is not medically necessary according to the guidelines.

1 PRESCRIPTION OF TIZANIDINE 4MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is associated with hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). The medical records document the patient was diagnosed with Lumbosacral joint/ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. As there is no documentation whether the patient had received this medication before and the request is lacking the duration and frequency for the medication, the request is not medically necessary according to the guidelines.

1 PRESCRIPTION OF NAPROXEN SODIUM 550MG: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Naproxen is NSAIDs which is recommended in osteoarthritis cases at the lowest dose for the shortest period, and in chronic back pain for short-term symptomatic relief. The medical records document the patient was diagnosed with Lumbosacral joint/ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. The patient is currently on Naproxen for unknown duration. In the absence of documented significant improvement of pain and function with the prior use of this medication, the request for continued use is not medically necessary according to the guidelines.

1 PRESCRIPTION OF TRAMODOL 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Tramadol is recommended for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants) in cases of chronic back pain it appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient was diagnosed with Lumbosacral joint/ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. The patient is currently on Naproxen for unknown duration. In the absence of documented failure trial of first line treatment, and as the request is not mentioning the duration and the frequency, the request is not medically necessary according to the guidelines.

1 PRESCRIPTION OF OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the CA MTUS guidelines, Omeprazole is PPIs which is recommended in patients who are at intermediate risk for GI events. The medical records document the patient was diagnosed with Lumbosacral joint/ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. The patient is currently on Naproxen for unknown duration. In the absence of documentation of any GI events such as abdominal pain, peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/or anticoagulant, or high doses of NSAIDs, the request for Omeprazole is not medically necessary according to the guidelines. Prophylactic use of this medication is not recommended.

UNKNOWN ULTRASOUND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: According to the CA MTUS guidelines, Ultrasound, therapeutic is not recommended. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Therefore, according to the guidelines the request is not medically necessary.

1 PRESCRIPTION OF MENTHODERM GEL 120MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records document the patient was diagnosed with Lumbosacral joint/ligament sprain/strain, cervical sprain/strain; neck and knee sprain/strain. The patient is currently on Naproxen for unknown duration and there is no documentation that the patient has tried and failed first line treatment with antidepressant and anticonvulsant. In the absence of documented failure trial of first line treatment (antidepressant and anticonvulsant), the request is not medically necessary according to the guidelines.