

Case Number:	CM13-0057773		
Date Assigned:	04/16/2014	Date of Injury:	08/14/2004
Decision Date:	05/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & 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 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 44 year old female who was injured on 04/25/2013. The mechanism of injury is unknown. The prior treatment history has included previous transforaminal epidural steroid injections at the L5-S1 level. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the lumbar spine dated 02/28/2010 reveals: there is levoscoliosis. The cord ends at about L1. The conus is unremarkable. Lordosis is maintained. The alignment of the vertebral bodies is normal. There are no intraspinal mass lesions. There are no focal abnormalities identified with respect to the vertebral bodies of the paravertebral soft tissues. An MRI dated 01/30/2013 reveals L5-S1 disc desiccation. Diminished disc height. Grade II-III paracentral annular tear. 1-2 mm diffuse posterior disc bulge. No significant foraminal narrowing. Note is made of a 1 cm left sided synovial cyst in the subligamentous extension of the left ligamentum flavum. A urine drug screen dated 04/25/2013 detected morphine, hydrocodone, hydromorphone, acetaminophen and Zolpidem. The test result is not expected with prescribed medications. There were no medical reports dated 09/12/2013 and 10/10/2013 for review. A 04/25/2013 documented the patient to have complaints of low back pain that radiates to the right lower extremity. She also complains of neck pain that radiates to the right upper extremity. The patient's pain level is decreased to 7/10 with medications and 9.5/10 without medications. Objective findings on exam reveal the range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Sensory examination revealed no change (unknown). Motor examination revealed no change (unknown). The diagnoses are: lumbar radiculopathy, lumbar failed surgery syndrome, lumbar post laminectomy syndrome, chronic pain, insomnia secondary to chronic pain, and medication related dyspepsia. The treatment plan include: 1. Request to submit to a random urine drug test. 2. Continue on-going exercise program. 3. Medications have been

refilled and the following prescribed: a. Ambien 10 mg b. MS Contin 60 mg c. Naproxen Sodium 550 mg d. Omeprazole 20 mg e. Gabapentin 600 mg f. Compazine 10 mg g. Robaxin 750 mg h. Trixaicin HP 4. Refill opiate medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60: 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, a NSAID (non-steroidal anti-inflammatory drug)," is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, the medical records dated 4/25/2013 documented the patient had complained of low back pain. In the absence of documented recent medication, the frequency and the duration and any significant improvement of pain and function, the request is not medically necessary according to the guidelines.

OMEPRAZOLE 20MG DR #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter, Omeprazole, Proton pump inhibitor.

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

Decision rationale: According to the CA MTUS, Omeprazole, a proton pump inhibitor (PPI) is recommended for patients at intermediate risk for gastrointestinal events. The medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy there was history of NSAIDs (non-steroidal anti-inflammatory drugs), intake. In the absence of documented any gastrointestinal symptoms such as abdominal pain, vomiting or bleeding and the absence of the frequency and duration of NSAIDs intake, the request is not medically necessary according to the guidelines.

COMPAZINE 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR) 2013 and drugs.com website.

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

Decision rationale: The CA MTUS guidelines remain silent on this issue. According to the Official Disability Guidelines (ODG), Compazine, an anti-emetic, is not recommended for nausea and vomiting secondary to chronic opioid use. Since the request is not in accordance with the ODG guidelines, the request for compazine 10mg, #60, is not medically necessary.

ROBAXIN 750MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: According to the CA MTUS guidelines, Methocarbamol Robaxin[®] is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). In this case, the medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy the provided medical record was dated 4/25/2013 revealed the patient had decreased range of motion of the lumbar spine with tenderness at L4-S1. In the absence of documented wither the patient had this medication before, further, the duration and frequency of intake of this medication and in the absence of documented muscle spasm on physical examination, the request is not medically necessary according to the guidelines.

TRIXALCIN HP 0.075% CREAM #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics, Capsaicin, is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy the provided medical record was dated 4/25/2013 revealed the patient had decreased range of motion of the lumbar spine with tenderness at L4-S1. In the absence of documented failure of other medication and any significant treatment intolerance, the request is not medically necessary according to the guidelines.

AMBIEN 10MG #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)- Pain Chapter, Insomnia Treatment, Ambien.

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

Decision rationale: According to the Official Disability Guidelines (ODG), Ambien is recommended for short-term (usually two to six weeks) treatment of insomnia. The medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy the provided medical record was dated 4/25/2013 revealed the patient had decreased range of motion of the lumbar spine with tenderness at L4-S1. In the absence of documented symptoms and the signs of insomnia and any prior treatments, the request is not medically necessary according to the guidelines.

MS CONTIN 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-81.

Decision rationale: According to the CA MTUS guidelines, morphine, an opioids, is recommended for but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks). Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. In this case, the medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy the provided medical record was dated 4/25/2013 revealed the patient had decreased range of motion of the lumbar spine with tenderness at L4-S1. The urine drug screen test was dated 4/25/2013 revealed that morphine was detected in the patient system and the comment was "the result is not expected with prescribed medications. In the absence of documented duration and frequency of the medication, further, the absence of documented significant improvement on the medication, the request is not medically necessary according to the guidelines.