

Case Number:	CM13-0060237		
Date Assigned:	12/30/2013	Date of Injury:	10/24/1996
Decision Date:	04/18/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

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 Surgery, 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:

This is a 37-year-old gentleman injured in a work-related accident on 10/24/96. The records indicated injury to the low back currently being treated conservatively. The report of the September 2013 MRI scan demonstrated disc bulging at L4-5 and L5-S1 with abutment noted to the L5 and S1 exiting left-sided nerve roots. The report stated that the claimant had been treated with medication management. An 11/6/13 reassessment showed a chief complaint of low back pain with radiating pain to the legs. It also stated that current treatment has included medication management. Physical examination at present showed an antalgic gait, decreased left ankle reflex, and 4/5 strength with great toe extension and foot eversion on the left. Sensory deficit was noted to the right L5, and left L5 and S1 dermatomal distributions. The claimant's working assessment was lumbar disc disease with radiculopathy. Recommendation was made for continuation of medications, a prescription for a TENS device and pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The ACOEM guidelines would not support the role of a pain management consultation as it would be unclear as to how this modality would benefit the claimant at this stage of the chronic course of care. The specific request for the above referral based on the claimant's current clinical presentation would not be supported.

60 ANAPROX DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued role of Anaprox. The claimant's symptoms appear to be stable with no indication of acute symptomatic flare or physical examination finding supportive of an acute clinical change. The Chronic Pain Medical Treatment Guidelines criteria would not recommend the chronic role of non-steroidal medications without demonstration of an acute symptomatic finding. The specific request for continued role of Anaprox at this chronic stage in the claimant's course of care is not supported.

30 PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines would not support the role of Prilosec. At present, there is no documentation that the claimant has any gastrointestinal risk factor to indicate the need for this protective proton pump inhibitor. The continued role of this gastrointestinal agent would not be supported.

120 ULTRAM 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

Decision rationale: The California MTUS Guidelines would not support the continued role of Ultram. At present, Ultram is only indicated for acute use. Recent clinical studies do not support its efficacy beyond a sixteen week period of time. The Chronic Pain Medical Treatment Guidelines would not support its role for greater than sixteen weeks of use. In this injured worker that has had chronic medication management treatment for many years given the date of injury in 1996, the specific request for continued use of this agent would not be indicated.

A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: Based on the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit would not be indicated. This claimant is eighteen years following time of injury with a diagnosis of lumbar disc disease and the only current treatment being that of chronic medication management. The acute role of a TENS device as an isolated intervention would not be supported given the claimant's current clinical picture and lack of a support of a trial period to demonstrate efficacy.