

Case Number:	CM13-0062754		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2012
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 34-year-old male who reported an injury on 08/15/2012. The current diagnoses include lumbar radiculopathy, right greater trochanteric bursitis, anxiety, sleep difficulty, and right chronic L5 radiculopathy. The injured worker was evaluated on 10/31/2013. The injured worker reported persistent pain in the tailbone and lower back. Physical examination revealed spasm, restricted range of motion, and reduced sensation in the L5 dermatomal distribution with positive straight leg raising on the left. Treatment recommendations included continuation of current medication, physical therapy 3 times per week for 4 weeks, and a right side L4-5 and L5-S1 nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE (NORCO) APAP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. The current request

does not include a dosage, frequency, or quantity. Therefore, the request is not medically appropriate.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The current request does not include a dosage, frequency, or quantity. Therefore, the request is not medically appropriate.

ORPHENADRINE ER: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. The current request does not include a dosage, frequency, or quantity. Therefore, the request is not medically appropriate.

MEDROX PAIN RELIEF OINTMENT: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The current request does not include a strength, frequency, or quantity. Therefore, the request is not medically appropriate.

THERAPY: PT 3 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, medical necessity was not met.

RIGHT L5-S1 NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no mention of unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Therefore, the injured worker does not meet criteria for the requested procedure.