

<b>Case Number:</b>	CM13-0066243		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Internal Medicine, 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 an injured worker with a lumbosacral back condition. The date of injury was May 15, 2013. The patient states that he was lifting a bag that weighed approximately 75+ pounds from the bottom of a cart. As he lifted the bag, he felt a sharp pulling sensation in his lower back. He was given a back brace and support pillow for his car, along with medication for the pain. He also started physical therapy. The patient complains of a constant aching sharp pain in his lower back that radiates into his mid-back and legs with numbness and tingling to his knees. The pain is currently at 9/10 with medication. He is currently taking pain medication and antiinflammatories. Physical examination revealed blood pressure of 130/75 and a pulse of 82. The patient ambulates without antalgic gait. The heel and toe walking tests were performed satisfactorily. There is loss of lumbar lordosis, but no sign of scoliosis. The shoulders and iliac crests are parallel. Palpable +3-4 tenderness is present over the paraspinous muscles of the low back, with evidence of +2 paravertebral muscle spasms. There is palpable tenderness present over the L5-S1 vertebra and +3 tenderness to palpation over the sacroiliac joint. Range of Motion of the lumbar spine is as follows: flexion 20 degrees, extension 15 degrees, right/left lateral bending 10/10 degrees, straight leg raising test with the patient in the supine position is restricted at 20 degrees on the right and 20 degrees on the left, and Lasegue's maneuver is negative bilaterally. Patellar and Achilles reflexes are +2/4 bilaterally. Sensory examination to light touch and use of the Wartenberg pinwheel reveals hyperesthesia over the anterolateral aspect of the thighs. Motor function/strength testing is +5/5. Leg lengths appear equal, and circumferential measurements of the lower extremities. Diagnoses include traumatic musculoligamentous strain Final Determination Letter for IMR Case Number CM13-0066243 3 lumbar spine with history of bilateral lower extremity radiculitis, and myofascitis of the lumbar spine, rule out discogenic disease lumbar spine. The patient's condition has not reached maximal medical improvement

level. The treatment plan included medication to include analgesics, muscle relaxants, and anti-inflammatory medications. The patient is prescribed naproxen 550mg, Nizatidine 150mg, and Hydrocodone 7.5/750mg. The patient was given two trigger point injections to the most painful area of the lumbar spine. He also had a trial of acupuncture treatment for the lumbar spine for six sessions, and began home stretching exercises. The patient is considered temporarily totally disabled until further evaluation. On September 24, 2013, the patient was prescribed 60 Vicodin ES 7.5/750mg to be taken twice a day. An orthopedic re-evaluation on October 22, 2013, documented continued subjective complaints of lower back pain with intermittent radiculopathy. His blood pressure was 106/71, and pulse was 81. Physical examination demonstrated lumbar tenderness, and decreased range of motion. Straight leg raise is positive at 20° bilaterally. There was decreased strength when it comes to ankle dorsiflexion and plantar flexion, and decreased sensation over the L4 and S1 dermatome. The patient was prescribed 60 Vicodin ES 7.5/750mg to be taken twice a day, and a follow-up evaluation was scheduled for four weeks in the future. An MRI of the lumbar spine taken on November 7, 2013 showed posterior disc protrusion of 4-5 millimeters at T11-12, posterior disc bulges of 2-3 millimeters at L4-5, 5 millimeters at L5-S1 with annular fissures in the posterior aspect of the L4-5 and L5-S1 discs, moderate central canal narrowing at T11-12, mild central canal narrowing at L4-5, slight to mild central canal narrowing at L5-S1, and bilateral mild L4-5 and L5-S1 neural foraminal narrowing. At T11-12 there is a 4-5 millimeter posterior disc protrusion with moderate right-sided compression of the dura. At L4-5 there is loss of nucleus pulposus signal intensity and a 2+3 millimeters disc bulge with a high intensity zone noted in the posterior aspect of the disc. At L5-S1 there is loss of nucleus pulposus signal intensity and a 5 millimeter posterior disc bulge with a high intensity zone noted in the posterior aspect of the disc. A peer-to-peer review from November 26, 2013, was provided. The patient has been taking Vicodin ES and requires Hydrocodone; this is the only thing controlling symptoms. The patient has been on Ibuprofen 800mg. The patient denies having high blood pressure or being diabetic with kidney problems. He continues to have routine checkups regarding kidney function and blood pressure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 IBUPROFEN 800MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,308.

**Decision rationale:** A review of the medical records found that the patient has lumbosacral strain and pain with radiculitis of the bilateral lower extremities. An MRI of the lumbar spine from November 7, 2013, documented lumbosacral spine abnormalities. The patient has been tolerating NSAIDs, including Ibuprofen 800mg. The patient had normal blood pressure and pulse, with no history of hypertension. The MTUS and ACOEM guidelines recommend NSAIDs for the management of Final Determination Letter for IMR Case Number CM13-0066243 4 low back conditions. The patient's medical records support the medical necessity of Ibuprofen 800mg. Ibuprofen 800mg was requested for a month period, which is less than two tablets daily. Therefore, the request for 60 Ibuprofen 800mg is medically necessary.

**40 VICODIN ER 7.5/750MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**Decision rationale:** A review of the medical records found that the patient has lumbosacral strain and pain with radiculitis of the bilateral lower extremities. An MRI of the lumbar spine from November 7, 2013, documented lumbosacral spine abnormalities. The patient's opioid usage has been regular and stable at less than two tablets of Vicodin ES over monthly intervals. Vicodin ES is controlling the patient's symptoms. The MTUS Chronic Pain Medical Treatment Guidelines state that the prescribing physician should not attempt to lower a medication's dose if it is working. Therefore, the dose should be maintained. Clinical guidelines and medical records support the medical necessity of Vicodin ES. Therefore, the request for 40 Vicodin ES 7.5/750mg is medically necessary.