

<b>Case Number:</b>	CM13-0067459		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 40-year-old female who sustained an injury to the neck and low back when she lifted a bucket of flowers on 12/09/11. The clinical records provided for review included an assessment on 11/12/13 noting a chief complaint of low back. The assessment also documented that the claimant had neck pain radiating to the right lower extremity and left upper extremity. Physical examination of the cervical spine showed full range of motion with 5/5 motor strength, normal sensory examination with subjective complaints of shooting pain into the left arm. Reflexes were also equal and symmetrical. Lumbar examination showed diminished motion at endpoints with positive straight leg raising and diminished S1 nerve root distribution sensation changes to the left lower extremity. Diagnoses included cervical strain/cervical radiculitis, thoracic strain, low back pain, and lumbar radiculitis and treatment was recommended in the form of cervical and lumbar epidural steroid injections at a non-documented level times two, continuation of medication management, a prescription for a lumbar back brace, and referral for spinal surgery consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC XR 100MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-71.

**Decision rationale:** The CA MTUS Chronic Pain 2009 Guidelines do not support the chronic use of nonsteroidal medication without documentation of symptomatic flare. The Chronic Pain Guidelines only recommend the use of non-steroidals for the shortest period of time at the smallest dose possible. The chronic use of diclofenac in this case, given the claimant's current clinical presentation and time frame from injury would not be indicated.

**ONDANSETRON 4MG #30:** Upheld

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

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

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines do not recommend the use of antiemetics in the chronic pain setting. Antiemetic medication is only indicated for acute symptomatic flare postsurgical settings and is not currently recommended for opioid-induced nausea. The specific request in this case would not be supported.

**LUMBAR SUPPORT CORSET:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not support the chronic use of tramadol. Tramadol, a short acting non-narcotic analgesic, is only recommended for use for up to 16 weeks in the chronic pain setting. Its efficacy beyond the 16 week period of time has not yet been established. The continued role of this agent based on the claimant's time frame from injury and clinical presentation would not be supported.

**LUMBAR SUPPORT CORSET:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** The CA MTUS ACOEM Guidelines do not recommend the use of a lumbar corset. The records provided for review do not yield a diagnosis. At this chronic stage in the claimant's course of care, the acute need of immobilization would not be indicated.

**TWO LUMBAR EPIDURAL STEROID INJECTIONS:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not support the request for lumbar epidural steroid injections times two. The levels for the injections are not given. At present, there is no indication of a specific physical examination finding that would correlate with imaging and/or electrodiagnostic testing to support the acute need of an epidural injection. Chronic Pain Guidelines also do not recommend the role of multiple injections, rather it bases repeat injections on functional response. The specific request in this case would not be indicated.

**WELLBUTRIN 150MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment 2009 Guidelines do not recommend the continued use of Wellbutrin. Wellbutrin, a second-generation non-tricyclic antidepressant, has been shown to be beneficial in the neuropathic pain setting as a second-line agent. At present, there is no current evidence of efficacy in patients utilizing this agent for non-neuropathic chronic low back complaints. Given the claimant's current clinical presentation of chronic low back complaints, the acute need of this agent would not be supported.

**OMEPRAZOLE 20MG #30:** 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:** The CA MTUS Chronic Pain Guidelines do not recommend continued use of omeprazole. Omeprazole, a proton pump inhibitor, would only be indicated if the claimant possessed a significant gastrointestinal risk factor for supportive use of this agent. At present, the claimant's clinical picture does not support any specific risk factor, for which the Chronic Pain

Guidelines would recommend the use of a proton pump inhibitor. The specific request, given the claimant's current clinical picture would not be indicated.

**SPINAL SURGERY CONSULTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California ACOEM 2004 Guidelines do not support the request for consultation with a spinal surgical physician. The records provided for review indicate that the claimant has chronic complaints of low back pain but the current present physical examination and imaging studies for review fails to demonstrate a specific process which would benefit from a surgical procedure. The absence of current radicular findings and imaging changes do not support the role of consultation from a surgical request at this stage.

**PAIN MANAGEMENT CONSULTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** California ACOEM Guidelines also do not support the request for a pain management consultation. The claimant's current treatment regimen includes medication usage as well as a specific request for epidural injections, which have not been established as medically necessary per the MTUS guidelines. The role of this referral would thus not be indicated or medically necessary at present.