

Case Number:	CM13-0071764		
Date Assigned:	01/08/2014	Date of Injury:	01/23/2010
Decision Date:	05/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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:

The claimant is a 42-year-old female, who sustained injuries to the bilateral upper and lower extremities in a January 23, 2010 work-related accident. A November 25, 2013, fo [REDACTED] by documents continued complaints of neck pain with radiating left shoulder and wrist pain, low back pain and knee pain. Objective findings include restricted range of motion with 5-/5 strength to the hip flexors, great toe extensors and foot evertors bilaterally. Physical examination of the neck and upper extremities demonstrated no acute abnormality. The records document a working assessment of cervical disc protrusion, status post prior bilateral shoulder surgery, lumbar disc syndrome and knee osteoarthritis. Recent treatment has included medical management and activity restrictions. Formal imaging studies are not referenced. This request is for: an MRI scan of the cervical spine; an MRI scan of the lumbar spine; continued use of Flexeril; continued use of tramadol; continued use of Prilosec; a urine toxicology screen; and referral to a spine surgeon for consultation evaluation of the claimant's neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,177-178.

Decision rationale: According to the California MTUS/ACOEM Guidelines, the need for an MRI scan of the cervical spine would not be supported. The available records do not document a significant change in the claimant's clinical status upon physical examination or progressive subjective complaints that would indicate need for further imaging. In addition, there is no evidence of radiculopathy. The request for a MRI of the cervical spine is not medically necessary and appropriate.

MRI FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: MTUS/ACOEM Guidelines indicate that unequivocal objective findings on examination would warrant lumbar MR imaging. In this case, the complaints are chronic with equivocal motor change noted on assessments dating to 2012. Absent acute clinical findings, this request for imaging would not be supported. The request for MRI for the lumbar spine is not medically necessary and appropriate.

FLEXERIL (CYCLOBENZAPRINE) 10 MG, #30: 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 Page(s): 65.

Decision rationale: The Chronic Pain Guidelines state that Flexeril, like all muscle relaxants, should be used with caution as a second-line agent for chronic pain management and only in the setting of acute exacerbations. The individual's symptoms, while chronic, do not indicate acute exacerbation, and the records do not document trials of other first-line agents. The request for Flexeril (Cyclobenzaprine) 10 mg, # 30 is not medically necessary and appropriate.

TRAMADOL 50 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 114.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Tramadol tends to be of limited efficacy beyond 16 weeks of use and has no current role in the management of chronic pain. The available records in this case document use of this medication for more than 16 weeks. Its continued use at this stage in the claimant's care would not be indicated. The request for Tramadol 50 mg # 60 is not medically necessary and appropriate.

PRILOSEC (OMEPRAZOLE) 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Prilosec, like all proton pump inhibitors, is a protective gastrointestinal agent, indicated for use when a diagnosis supportive of a significant gastrointestinal risk factor is noted. The records in this case do not document guideline-indicated risk factors for gastrointestinal-related symptoms. Therefore, the request for Prilosec (Omeprazole) 20 mg is not medically necessary and appropriate.

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine drug screens are appropriate for use in screening for misuse or non-compliance of narcotic medication. In this case, the reviewed documents do not reference use by the claimant of controlled narcotic analgesics or suspected abuse of medication. Therefore, the request for a urine toxicology screen is not medically necessary and appropriate.

SPINE SURGEON REFERRAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303- 305.

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, 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: According to the California ACOEM Guidelines Chapter 7, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or

extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In this case, the claimant's records do not include physical examination findings of an acute radicular process or imaging that would support the need for spinal surgical consultation. Therefore, the request for a spinal surgeon referral is not medically necessary and appropriate.