

Case Number:	CM13-0072484		
Date Assigned:	01/08/2014	Date of Injury:	03/20/2013
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 31 year old female with a date of injury of 3/20/13. The worker was injured when she slipped on a wet floor and fell on her right buttock and back. The clinical note dated 7/16/13 noted a second injury as the injured worker bent down and felt worsening pain in her back. The injured worker's medication regimen at that time included Tramadol and Celebrex. A progress note dated 7/23/13 reported the following range of motion to the lumbar spine: flexion was 0 degrees, extension was 15 degrees, lateral flexion on the right was intact, lateral flexion on the left was 25 degrees, rotation on both the right and left was 35/30 with positive straight leg raises. A range of motion test was performed on 9/10/13 which revealed that the lumbar spine range of motion was within normal limits and straight leg raises and deep tendon reflexes were within normal limits. The report also stated physical therapy and home exercises were requested, but the injured worker was not following the appointments or complying with treatments. The injured worker stated she felt fine and had intermittent pain on that date. A range of motion test of the lumbar spine was performed on 11/14/13 which noted flexion was 30 degrees, extension was 10 degrees, lateral flexion was 20 degrees, and rotation was 15 degrees. The injured worker had a positive straight leg raise and deep tendon reflexes were intact. The injured worker had diagnoses including sprain to the lumbar region with radiculopathy left versus reoccurrence. The provider prescribed Naprosyn 500mg and capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANEXIA 7.5/325 #60 1-2 TABS PO EVERY 6 HOURS AS NEEDED FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that opioids appear to be efficacious, but are limited for short-term pain relief. Long-term efficacy is unclear, but also appears limited. Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). It is unclear if the injured worker was previously utilizing Anexia, or if this was a new medication. There is evidence of radiculopathy; however, there is a lack of documentation regarding first-line therapy (antidepressants and anticonvulsants) having been tried and failing to provide relief. The requesting physician's rationale for the request was unclear. As such, the request is not medically necessary.