

Case Number:	CM14-0006281		
Date Assigned:	03/03/2014	Date of Injury:	06/14/2005
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 & 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 56-year-old male with a reported date of injury on 06/14/2005. The mechanism of injury was not provided within the clinical information available for review. The injured worker complained of low back pain. According to the documentation provided, the injured worker had a CT of the lumbar spine on 10/10/2013, which revealed intervertebral fusion at L4-5. The CT scan dated 10/10/2013 revealed L3-4 disc bulge with posterior displacement and mild spinal cord stenosis as well as L4-5 body fusion with ossification of the disc space and no hardware complication. According to the documentation dated 10/31/2013, the injured worker underwent a lumbar spine MRI on 12/13/2011, which revealed fusion of the L4-5 and protrusion at L3-4 that is not associated with nerve impingement. According to the clinical information provided for review, the injured worker's lumbar spine range of motion demonstrated flexion to 30 degrees, extension to 10 degrees and right and left lateral bending to 10 degrees. In addition, the injured worker had bilateral positive straight leg raises. The injured worker's diagnoses included post laminectomy syndrome, lumbar disc disease and lumbar radiculitis. The injured worker's medication regimen included trazodone, Norco, Percocet, Prilosec, Anaprox, gabapentin, Medrol Dosepak and Cymbalta. The Request for Authorization of the Medrol Dosepak and Anaprox 550 mg 1 twice daily, #60 was submitted on 01/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL DOSE PACK: 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): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oral Cortecosteroid.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) states oral corticosteroids are not recommended for the treatment of low back disorders. The Official Disability Guidelines further state patients should have clear-cut signs and symptoms of radiculopathy. The risks of steroids should be discussed with the patient and documented in the record. The patient should be aware that research provides limited evidence of effect with this medication, and this should be documented in the record. The clinical information provided for review lacks documentation of the discussion on the use of oral corticosteroids for pain with the injured worker. In addition, the clinical information provided does not show clear objective evidence of radiculopathy in the injured worker. Therefore, the request for the Medrol Dosepak is not medically necessary and appropriate.

ANAPROX 550MG 1 BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 73

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. According to the California MTUS Guidelines, Anaprox at 275 to 550 mg by mouth twice daily is recommended with a total dose to be increased to 650 mg a day for limited periods. According to the documentation available for review, the injured worker has a history of long-term use of opioids. It is unclear, according to the documentation, whether the addition of Anaprox is in accordance with decreasing opioid use. According to the documentation provided this is a new addition to the injured worker's medication regimen. As the California (MTUS) Guidelines recommend the use of NSAIDs and Anaprox for the use of pain, the request for Anaprox 750 mg 1 twice daily #60 is medically necessary and appropriate.