

Case Number:	CM14-0006332		
Date Assigned:	02/07/2014	Date of Injury:	03/02/2009
Decision Date:	08/05/2014	UR Denial Date:	01/06/2014
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 and Rehabilitation, and is licensed to practice in Nevada. 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 47-year-old male who was reportedly injured on March 2, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 17, 2014, indicates that there are ongoing complaints of low back pain, bilateral knee pain, and left ankle pain. The current medications include Prilosec, Efexor, Ultracet, naproxen and hydroxyzine. The injured employee states that these medications are helping and do not have any side effects. The physical examination demonstrated tenderness and spasms of the lumbar spine paravertebral muscles as well as the spinous processes from L3 through S1. There was a positive left-sided straight leg raise. There was a normal examination of the right hip. The examination of the right knee noted tenderness over the medial joint line and examination of the left knee noted a positive McMurray's test and apprehension test. There was a normal examination of the right ankle and foot. There was noted to be decreased muscle strength of the left ankle rated at 4/5. Sensation and deep tendon reflexes of the lower extremities were normal. Nerve conduction studies were recommended for the bilateral lower extremities. A request had been made for a magnetic resonance image of the lumbar spine, Ultram, Prilosec and an unknown laboratory test and was not certified in the pre-authorization process on January 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) MRI of the lumbar spine without contrast: 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): 304-5, 309-10.

Decision rationale: According to the MTUS/ACOEM an magnetic resonance image (MRI) of the lumbar spine is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least four to six weeks in which the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the magnetic resonance image (MRI) confirms ongoing nerve root compression. In this case, there is no discussion in the medical record of future lumbar spine surgery nor are there any findings of a chronic radicular syndrome. For these reasons this request for an MRI of the lumbar spine is not medically necessary.

Prospective request for one (1) prescription of Ultram 50mg, #90: 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 Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule chronic pain treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.

Prospective request for one (1) prescription of Prilosec 20mg, #60: 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 Page(s): 68.

Decision rationale: Prilosec is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. The California MTUS guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (G.I.) distress symptom. The record provided does not note the G.I. disorder, nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID as defined by the American college of gastroenterology. Therefore, this request for Prilosec is not medically necessary.

Unknown lab: 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), Pain chronic, Updated July 10, 2014.

Decision rationale: As stated by this request it is unclear what laboratory test is being requested. Without specific information and justification regarding laboratory testing this request for an unknown laboratory test is not medically necessary.