

Case Number:	CM14-0008857		
Date Assigned:	02/12/2014	Date of Injury:	05/26/2011
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurological 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 medical records presented for review indicate that a 37-year-old individual sustained an injury in May 2011. The mechanism of injury was noted as unloading boxes from a truck. The current diagnosis is listed as sprain of the lumbar spine. There are ongoing complaints of low back pain and it is noted that a urine drug screening, a lumbar epidural steroid injection, and several medications were requested. Enhance imaging studies identified a disc protrusion at L5/S1, facet hypertrophy, and foraminal narrowing. Multiple levels degenerative changes are identified in the cervical spine. Physical examination findings noted decreased deep tendon reflexes, and radiation of symptoms at the right lower extremity. There are ongoing complaints of back and leg pain. A urine drug screen was completed in June 2013. The October 4, 2013, chiropractic evaluation noted that there were ongoing complaints of neck pain, low back pain, and bilateral shoulder pain. The physical examination of the cervical spine noted a decreased range of motion, tenderness to palpation, positive findings with compression. The lumbar spine examination noted tenderness to palpation, a decreased range of motion, and no specific neurologic findings. The diagnosis was cervical disc disease, thoracic disc disease, and a disc herniation L5/S1. An evaluation completed in October noted ongoing complaints of low back pain and neck pain. A determination of maximum medical improvement is noted that there was some discussion as to surgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS FOR DRUG MONITORING MANAGEMENT PRESCRIBED 12/9/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk Of Addiction (Tests) Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Criteria for the use of Opioids Page(s): 78.

Decision rationale: Urine drug screening is supported in the MTUS. In this case, the injury sustained, the medications used, and the fact that the last UDS was completed more than six months ago make the requested UDS reasonable and necessary. With the medications being employed, and to rule out the use of illegal substances, this assessment is clinically warranted. Therefore, the requested UDS is medically necessary and appropriate.

LESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

Decision rationale: The criteria for such a procedure requires that there be complete objectification of a verifiable radiculopathy. There is no data presented to suggest that the standards noted are met. As such, the requested lumbar epidural steroid injection is not medically necessary or appropriate.

OMPEPRAZOLE 20MG #60 PRESCRIBED 12/9/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory drugs (NSAIDs). Gastritis has not been documented as a diagnosis for this claimant. Therefore, the use of this medication is not medically necessary at this time.

TRAMADOL 50MG #200 PRESCRIBED 12/9/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids, Opioids for Chronic Pain Page(s): 80.

Decision rationale: Tramadol is a synthetic analgesic that is not supported for chronic use when there is no objectification of any efficacy or utility. The records reviewed noted ongoing complaints of pain, no improvement in any functionality or return to work and no relief from the pain complaints. Seeing no improvement, there is no clinical basis to continue this intervention. Therefore, the requested Tramadol is not medically necessary or appropriate.

KETOPROFEN 75MG #60 PRESCRIBED 12/9/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 and 73.

Decision rationale: This patient has marked degenerative changes. As such, there is a clinical indication for a non-steroidal. There are no co-morbidities noted in the documentation submitted for review. Therefore, the requested Ketoprofen is medically necessary and appropriate.

DOPPLER ULTRASOUND OF THE LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation radiologyinfo.org website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There is no applicable guideline as the specifics of the request could not be ascertained from the records provided.

Decision rationale: There are no clinical findings presented explaining why such a study is warranted. Based on the lack of medical records, this requested Doppler Ultrasound is not medically necessary or appropriate.