

Case Number:	CM14-0009261		
Date Assigned:	02/14/2014	Date of Injury:	05/13/2009
Decision Date:	06/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 reported injury on 05/13/2009. The mechanism of injury was not provided. The medication history included Lyrica 75mg one tab three times a day, naproxen sodium 550mg one tab twice a day, omeprazole 20mg once daily, Tramadol 50mg one or two tabs four times a day, and hydrocodone/APAP 5/325mg once daily. The documentation of 10/09/2013 revealed there was a request for an MRI (magnetic resonance imaging) of the lumbar spine and a technetium bone scan to rule out complex regional pain syndrome. The other information included the injured worker began to experience an increase of low back symptoms including hypersensitivity of both lower extremities. The symptoms had not improved with conservative treatment. The injured worker previously underwent an MRI of the lumbar spine on 07/23/2013 and there were some discrepancies between the MRI of 2009 and the MRI of 07/23/2013. The documentation of 12/19/2013 revealed the injured worker was taking the medications as prescribed. The injured worker indicated that pain was reduced taking Norco and the injured worker had less stomach irritation taking omeprazole in conjunction with naproxen. The injured worker's complaint was low back pain with increased numbness going down both feet and toes. Both feet were painful. The left calf continued to have spasms. The objective findings revealed tenderness over the levator scapula and rhomboids. The injured worker was utilizing an inversion table. The diagnoses included internal derangement of left shoulder, subacromial and sub-deltoid bursitis of left shoulder, supraspinatus tendonitis of left shoulder, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, extruded disc fragment displacing the left S1 nerve root and disc bulges. The treatment plan included an MRI of the lumbar spine, cervical spine, Lyrica 75mg one tab by mouth three times a day, naproxen sodium 550mg one tab twice a day, omeprazole 20 mg once daily, Tramadol 50mg one to two tabs four times a day, continued use of an inversion table and a technetium

bone scan to rule out Complex regional pain syndrome (CRPS), electromyography (EMG)/ NCV (nerve conduction velocity), and Ketorolac injection. Additionally, there was a prescription for methocarbamol 755mg #91 three times a day as a muscle relaxant to relieve stiffness, pain and discomfort caused by injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 750MG #90, ONE (1), THREE TIMES A DAY (TID): 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): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and the use is recommended for less than three weeks. The clinical documentation submitted for review indicated the prescription on 12/19/2013 was a new prescription. There was a lack of documentation indicating the injured worker had muscle spasms. The use of this medication is recommended for less than three weeks, quantity 90 would be excessive. Given the above, the request is not medically necessary.

LYRICA 75MG, ONE (1), THREE TIMES A DAY (TID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective improvement in function. The duration of use was noted to be greater than two months. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. There was a lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request is not medically necessary

CONTINUE OMEPRAZOLE 20MG, ONCE (1) DAILY: 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 NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors (PPIs) for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. The duration of use was greater than two months. The clinical documentation submitted for review failed to provide the objective efficacy of the requested medication. It was indicated the stomach irritation was "less." There was a failure to objectify "less." The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request is not medically necessary.

CONTINUED TRAMADOL 50MG, ONE TO TWO (1-2), FOUR TIMES DAILY (QID):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain as well as evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing the medication for greater than two months. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the quantity for the requested medication. Given the above, the request is not medically necessary.

CONTINUED USE OF INVERSION TABLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5 and 12-8..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Inversion, Traction

Decision rationale: The Official Disability Guidelines (ODG) indicates that inversion therapy is a form of traction and at home-based patient controlled gravity traction may be a non-invasive conservative option if used as an adjunct to a program of evidence based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for the relief of low back pain. The clinical documentation submitted for review indicated the injured worker had utilized the inversion therapy for greater than two months. There was lack of documentation of objective functional benefit that was received from the usage. There was a lack of documentation indicating the injured worker would utilize it as an adjunct to a program of evidence based conservative care to achieve functional restoration. The request as submitted

failed to include the duration of use and whether the device was for rental or purchase. Given the above, the request for continued use of inversion table is not medically necessary.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI

Decision rationale: The Official Disability Guidelines (ODG) indicates that repeat MRI (magnetic resonance imaging) are reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the request was made for a repeat MRI. It was indicated the MRI on 07/23/2013 was performed with a low field magnet and the MRI of 2009 was performed with a high field magnet. However, there was lack of documentation indicating significant change in symptoms and/or findings suggestive of significant pathology. The official MRI results of both studies were not provided for review to support the necessity for a new scan. Given the above, the request for MRI of lumbar spine is not medically necessary.

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to indicate the injured worker had physiologic evidence of tissue insults or neurologic dysfunction. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for MRI (magnetic resonance imaging) of the cervical spine is not medically necessary.

TECHNITUM BONE SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: CRPS criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CRPS diagnostic tests

Decision rationale: The Official Disability Guidelines (ODG) indicates that technetium bone scans are recommended for selected patients in the early stages to help in confirmation of the diagnosis of complex regional pain syndrome (CRPS). Routine use is not recommended. The clinical documentation submitted for review indicated the injured worker had increased back pain with numbness going down both feet and toes and both feet were painful as well as had left calf spasms. However, there was lack of documentation indicating the injured worker had objective findings, signs and/or symptoms to support of CRPS. Given the above, the request for a technetium bone scan is not medically necessary.

KETOROLAC 60MG WITH XYLOCAINE 1ML INTRAMUSCULAR (IM), (RETROSPECTIVE DOS 12/19/13),: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (TORADOL), Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: The California MTUS Guidelines do not recommend Ketorolac for minor or chronic painful conditions. There was a lack of documentation indicating a necessity for the requested medication. There was a lack of documented rationale indicating the injured worker had a necessity for non-adherence to MTUS guidelines recommendations. Given the above, the request is not medically necessary.