

Case Number:	CM14-0103325		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2007
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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:

This patient is a 33 year old male employee with date of injury of 3/6/2007. A review of the medical records indicate that the patient is undergoing treatment for chronic low back pain, lumbosacral musculoligamentous strain/sprain, exacerbation and lumbosacral spine discogenic disease with radiculopathy, PTSD, Major depression with intermittent psychotic features, morbid obesity, narcotic dependency, affective spectrum disorder, bilateral carpal tunnel syndrome, fatty liver with liver transaminase elevation, and right lumbar radiculopathy. Subjective complaints lower back pain that is continuous, dull, and a burning sensation at the waist line and radiating to the thighs (1/30/2012). Pain rated at 9/10 on 12/5/2013 with sciatic symptoms to right leg increasing on 5/14/2014. Objective findings (1/17/2013, 12/5/2013) revealed tenderness to palpation over the bilateral paraspinal muscles, bilateral posterior iliac crests with palpable spasm over the bilateral paraspinal muscles, decreased lumbosacral range of motion in all planes, positive straight leg raise bilaterally, reported diffuse axial spine tenderness and diffuse joint tenderness. Moderate-to-severe piriformis tenderness reported on 5/14/2014. Treatment has included pool therapy (3/12/2014). A CURES report revealed that the patient had been compliant with narcotics usage (5/14/2014). Medications have included Norco 10mg 2/day for pain relief, Ranitidine 150mg 2/day for GERD, Gabapentin 300mg 4/day for chronic pain. Past medications, of unspecified dosage, include Darvocet, Nabumetone, Vicodin, Tramadol, Lidocaine gel, Temazepam, Clonazepam, Omeprazole, Flagyl, Tetracycline, Pepto-Bismol. The utilization review dated 6/10/2014 rendered the following: -1 Right Piriformis Injection 5/14/2014 - 5/14/2014 non-certified -1 Magnetic Resonance Imaging (MRI) of the Lumbar Spine 5/14/2014 - 5/14/2014 non-certified due to lack of specified needs meeting medical guidelines-Norco 10/325mg modified to Norco 10/325mg #68 for weaning purposes-Ranitidine 150mg non-certified due to lack of documentation for usage of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Piriformis Injection 5/14/2014 - 5/14/2014: 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 Trigger point injections Page(s): 122.

Decision rationale: MTUS and ACOEM are silent specifically regarding piriformis injection. MTUS does state regarding the low back/neck, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. While symptoms have persisted for more than three month and some conservative treatment have appeared to not have been successful, medical records do not indicate well circumscribed twitch response and referred pain. Radiculopathy appears to be present, which is a reason to not have this injection. As such, the request for 1 Right Piriformis Injection 5/14/2014 - 5/14/2014 is not medically necessary.

1 Magnetic Resonance Imaging (MRI) of the Lumbar Spine 5/14/2014 - 5/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery". ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk

factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Medical records do not indicate concerns for cancer, spinal infection, cauda equina syndrome, severe or progressive neurologic deficits or other red flags. As such, the request for 1 Magnetic Resonance Imaging (MRI) of the Lumbar Spine 5/14/2014 - 5/14/2014 is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician cites concerns with narcotic dependency on 5/14/2014. Medical records do not indicate pain relief, as pain symptoms have worsened. The original request for Norco 10/325 does not include quantity and other than "PO TID". Dispensing information regarding the quantity is important, especially for opioid medication. The utilization review dated 6/10/2014 modified the request to #68 for purposes of weaning, which is appropriate given the treating physician's concerns for dependency and lack of improvement. As such, the request for Norco 10/325mg, which is not quantified, is not medically necessary.

Ranitidine 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Other Medical Treatment Guideline or Medical Eviden. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal

events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, uptodate suggests that H2 antagonist at this dose is not useful for to prevent ulcers. As such, the request for Ranitidine 150mg is not medically necessary.