

Case Number:	CM14-0010262		
Date Assigned:	02/21/2014	Date of Injury:	02/04/2002
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 64-year-old male injured on February 4, 2002. The mechanism of injury is not specified. An MRI of the thoracic spine is documented as having been obtained on August 28, 2006. This demonstrated posterior disc bulges at T5-T12 with mild central canal narrowing noted at T5-6 and T7-8. Mild to moderate left sided compression of the dura is noted at T10-11. The most recent clinical progress note is dated December 3, 2013. The injured worker is documented as utilizing naproxen, Omeprazole, Tramadol, Norco, and Zolpidem. The injured worker complains of mid and low back pain that is worse with associated stiffness. There is numbness and tingling radiating down to the right foot, left side. Pain is rated as 9/10, on the visual analog scale (VAS), before medications and is reduced to 6/10, on the visual analog scale (VAS); with medications (the provider does not indicate which medications). The injured worker also has complaints of pain in the right knee was giving out, neck pain, and numbness in the 4th and 5th digits on the right hand. The physical exam is as follows: "tenderness over T4." This is the entirety of the examination provided. The diagnoses include musculoligamentous sprain of lumbar spine with bilateral lower extremity radiculopathy, disc bulges at L1-2 and L2-3, disc bulges at L3-4 and L4-5, medial meniscus tear right knee, severe degenerative joint disease of the right knee, status post arthroscopy of right knee with partial medial meniscectomy, status post right total knee arthroplasty, small tear of the triangular fibrocartilage complex of the right wrist, disc bulges at C5-T1, disc bulge at the T11-12 with compression of the spinal cord, disc bulges at T5-7, disc osteophyte complexes at C3-5, uninhibited neurogenic bladder with pelvic floor sphincter weakness and organic impotence secondary to underlying vascular issues, and status post lumbar caudal injection. The previous clinic note dated October 15, 2013 contains the following physical exam "moderate joint effusion, right knee." This is the entirety of the examination provided. The clinical note dated August 20, 2013 contains the

following physical exam "tender over bilateral sciatic notch is." This is the entirety of the physical examination provided. The utilization review in question was rendered on January 6, 2014. The reviewer noncertified a request for Tramadol, modify the prescription of 30 tablets of Norco to 23 tablets of Norco, noncertified the request for an MRI of the thoracic spine, and noncertified a request for a Miami lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #200: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines outline specific criteria for continued use of opiate medications. Based on clinical documentation provided, there is little to no information given with regards to the injured worker's physical exam findings. Additionally, the treating clinician does not differentiate between medications when noting pain relief. As such, the request is not medically necessary secondary insufficient information.

NORCO 5/325MG #30: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines outline specific criteria for continued use of opiate medications. Based on clinical documentation provided, there is little to no information given with regards to the injured worker's physical exam findings. Additionally, the treating clinician does not differentiate between medications when noting pain relief. As such, the request is not medically necessary.

1 MAGNETIC RESONANCE IMAGING (MRI) OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS, 177-178

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The Neck and Upper Back Complaints (ACOEM) guidelines support the use of MRI for the cervical and thoracic spine when there is radiculopathy. The clinical documentation provided does not indicate any radiculopathy on examination. As such, the requested advanced imaging study is not medically necessary.

1 MIAMI LUMBAR SUPPORT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, 298, 301

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Low Back Complaints (ACOEM) guideline recommend against the use of lumbar supports except in the treatment of spondylolisthesis, documented instability, or postoperative treatment. The clinical documentation provided gives only sparse physical exam findings and no indication for the utilization of brace. As such, the request is not medically necessary.