

Case Number:	CM14-0169700		
Date Assigned:	10/17/2014	Date of Injury:	09/10/2013
Decision Date:	11/24/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, knee, leg and ankle pain reportedly associated with an industrial injury of September 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of acupuncture; a lumbar support; and work restrictions. The applicant's case and care were reportedly complicated by comorbid diabetes. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a pain management consultation, denied an orthopedic consultation, denied a neurologic consultation, conditionally denied acupuncture, denied Flexeril, approved Naprosyn and denied omeprazole. The applicant's attorney subsequently appealed. In a progress note dated October 15, 2014, the applicant reported ongoing complaints of mild-to-moderate upper back pain, low back pain, bilateral elbow pain, wrist pain, hand pain, knee pain, ankle pain, 6/10 with associated numbness and tingling about the upper and lower extremities. It was stated that the applicant was "reluctant to pursue epidural steroid injection therapy owing to issues associated with glaucoma with diabetes mellitus." The applicant was asked to obtain additional physical therapy, consult a general orthopedist, and consult a neurosurgeon. The applicant was asked to continue taking unspecified medications. A 50-pound lifting limitation was endorsed. The attending provider did not state whether or not the applicant was working with said limitation in place. The applicant underwent a functional capacity evaluation on August 28, 2014. The results of the same were not clearly reported. In a September 10, 2014, progress note, the applicant was given a very proscriptive 15-pound lifting limitation. Once again, it was not clearly stated whether the applicant was working or not. Multifocal 4 to 5/10 neck, elbow, knee and ankle pain were reported. It was stated that the applicant was not intent on pursuing any kind of injection or surgical remedy. Multiple

consultations were nevertheless sought, including a pain management consultation and several surgical consultations. Additional therapy was also endorsed. The applicant was given prescriptions for Flexeril, Naprosyn, and Prilosec. There was no explicit mention of issues with reflux, however. In an earlier note dated August 6, 2014, the applicant was, once again, given prescriptions for Flexeril, Naprosyn, and Prilosec. Multiple consultations were sought, including the pain management consultation at issue. A rather proscriptive 15- pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation for Lumbar Spine, Bilateral Upper Extremities, Right Knee and Right Ankle: Overturned

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 Part 1 Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to determine whether a specialist evaluation is necessary. In this case, the applicant has apparently tried and failed various conservative treatments, including physical therapy, acupuncture, medication management, etc. The applicant has seemingly failed the same. The applicant is off of work. A rather proscriptive 15-pound lifting limitation remains in place. All of foregoing, taken together, suggests that the applicant has not profited with the earlier conservative treatment, and could, by implication, benefit from obtaining the added expertise of a physician specializing in chronic pain such as the pain management consultant at issue. Therefore, the request for Pain Management Consultation is medically necessary.

Orthopedic Consultation with Magnetic Resonance Imaging (MRI) for the Lumbar Spine, Bilateral Upper Extremities, Right Knee and Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 306, applicants with low back pain alone without significant nerve root compromise "rarely benefit" from either surgical consultation or surgery. In this case, the applicant reported in the progress note, referenced above, that she was not intent on pursuing any kind of surgical intervention, invasive procedure, or surgical remedy. It is unclear why an orthopedic surgical

consultation is being sought as the applicant has already decided not to pursue any kind of surgical intervention or surgical remedy here. Therefore, the request for Orthopedic Consultation with Magnetic Resonance Imaging (MRI) is not medically necessary.

Neurological Consultation with Magnetic Resonance Imaging (MRI) for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnosis is being evaluated. In this case, both the applicant and the attending provider have indicated that the applicant has no intention of pursuing any kind of surgical intervention or surgical remedy. The applicant, thus, is not intent on acting on the results of the proposed lumbar MRI. Since the lumbar MRI portion of the request is not indicated, the entire request cannot be supported as partial approval or conditional approval is not permissible through the Independent Medical Review process. Therefore, the request for Neurological Consultation with Magnetic Resonance Imaging (MRI) is not medically necessary.

Prescription of Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of agents including Naprosyn, omeprazole and others. Adding Flexeril (cyclobenzaprine) to the mix is not recommended. Therefore, the request for Prescription of Flexeril 10mg #30 is not medically necessary.

1 prescription of Omeprazole 20mg #30: 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, GI Symptoms and Cardiovascular Risk. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes provided contained no reference to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for Prescription of Omeprazole 20mg #30 is not medically necessary.