

Case Number:	CM14-0031171		
Date Assigned:	06/20/2014	Date of Injury:	08/28/2006
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 12/26/2006. The mechanism of injury was not stated. Current diagnoses include lumbago, displacement of lumbar intervertebral disc without myelopathy, and other specified disorders of the bursae and tendons in the shoulder. The injured worker was evaluated on 01/29/2014, with complaints of lower back pain. Physical examination revealed limited left shoulder range of motion, positive impingement testing in the left shoulder, limited right shoulder range of motion, limited lumbar range of motion, positive Neer and Hawkins sign in the right shoulder, moderate paraspinous spasm in the lumbar spine, diminished deep tendon reflexes, and numbness in the lateral calf and dorsal lateral foot on the left. Treatment recommendations included prescriptions for Lidoderm, Ultram, Naprosyn, and Omeprazole. An updated MRI of the lumbar spine was also recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) Esomeprazole 40mg plus one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Thirty (30) Lidoderm 5% topical film plus two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, the injured worker has utilized this medication since 02/2013, without any evidence of objective functional improvement. There was no mention of a trial of first-line therapy with antidepressants or anticonvulsants. There is also no frequency listed in the current request. As such, the request is not medically necessary.

One (1) Magnetic Resonance Imaging (MRI) lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficits, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, and myelopathy. As per the documentation submitted, the injured worker's physical examination on the requesting date revealed limited range of motion with diminished deep tendon reflexes and numbness in the left lower extremity. However, there is no evidence of a progression or worsening of symptoms or physical examination findings that would warrant the need for a repeat imaging study. The previous MRI

of the lumbar spine was not provided for review. There is also no mention of a recent attempt at conservative therapy. Based on the clinical information received, the request is not medically necessary.

Sixty (60) Naprosyn 375mg plus one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no indication that this injured worker is currently suffering from an acute exacerbation of chronic pain. Guidelines do not recommend long-term use of NSAIDs. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Ninety (90) Ultram 50mg plus one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Ultram 50 mg since 02/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.