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| Case Number: | CM14-0038497 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/02/2012 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 03/15/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Nevada. 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 records, presented for review, indicate that this 49-year-old gentleman was reportedly injured on April 2, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 24, 2014, indicated that there were ongoing complaints of thoracic and lumbar spine pain radiating to the bilateral lower extremities. There were also complaints of pain in the head, cervical spine, bilateral hands, and bilateral wrists. The physical examination demonstrated decreased range of motion and spasms of the thoracic spine. There were also tenderness and spasms over the lumbar spine. There was decreased thoracic and lumbar spine range of motion. There was a positive bilateral straight leg raise test and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Ultram, Prilosec, an MRI of the lumbar spine, and an X-Force stimulator unit with heating pad and was not certified in the pre-authorization process on March 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50 mg. # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of tramadol. As such, the request for Ultram is not medically necessary.

1 prescription of Prilosec 20 mg. # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDs).

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

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, the request for Prilosec is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): , 53, 303.

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

Decision rationale: The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the injured employee would be willing to consider operative intervention. Based on the clinical documentation provided, there is no evidence of a radiculopathy on physical examination. As such, secondary to a lack of clinical documentation, the request failed to meet the ACOEM criteria. This request for an MRI of the lumbar spine is not medically necessary.

1 X-force stimulator unit/ heating pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-115.

Decision rationale: An electrical nerve stimulation unit is indicated for the treatment of neuropathic pain syndromes and for individuals for whom other pain modalities including medications have been tried and failed. The attached medical record does not indicate that the injured employee has neuropathic pain nor is there documentation that there has been failure of treatment with oral medications. For these reasons, this request for an X-Force stimulator unit with heating pad is not medically necessary.