

Case Number:	CM14-0040102		
Date Assigned:	06/27/2014	Date of Injury:	04/19/2010
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 71 year old female who sustained an injury on 04/19/10 while moving objects. The injured worker had a pre-existing history of low back pain and performing these actions contributed to further development of severe low back pain. Prior treatment included physical therapy and chiropractic manipulation. The injured worker had previous gastrointestinal system symptoms and was unable to utilize anti-inflammatories. The injured worker had a previous MRI of the lumbar spine from 07/22/10 which noted disc desiccation at L4-5 and L5-S1 with subtle fissuring without evidence of any contributory stenosis at L4-5. At L5-S1 there was mild to moderate neural foraminal stenosis secondary to facet changes. At the time the MRI was completed there was no indication of any clear neurological findings. The injured worker was seen on 03/11/14 for continuing complaints of low back pain. Current pain scores were 4/10 on the visual analog scale. The injured worker described radiating symptoms to the lower extremities, with low back pain being the major pain contributor. At this visit the injured worker was not utilizing any pain medications. On physical examination there was limited lumbar range of motion with associated tenderness to palpation and trigger points. There were positive facet maneuvers on physical examination. Weakness on ankle dorsiflexion and right plantar flexion was mild. Reflexes were diminished at the bilateral patella with marked diminished reflex at the left Achilles. The injured worker was recommended for Certrizine to reduce swelling and inflammation and Neurontin and Pamelor. The injured worker was also recommended to utilize Protonix for gastrointestinal irritation. An MRI of the lumbar spine was also ordered. The requested Certrizine 10mg #30, MRI of the lumbar spine with STIR sequence, Nortriptyline 25mg #60 and Pantoprazole DR 20mg #60 were denied by utilization review on 03/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cetirizine HCL 10mg Tablet SIG: take one daily QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Cetirizine. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In review of the clinical documentation submitted for review there is no indication of any active allergies which would reasonably benefit from this medication. Based on the most recent clinical records it appears that this medication was being prescribed off label to address swelling and inflammation. Given the lack of any clear clinical indications for the use of this medication this request is not medically necessary.

MRI with STIR sequence, Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: "MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker presents with progressive and new neurological deficits which include loss of the left ankle reflex and motor weakness. Per guidelines, updated MRIs can be considered for injured workers with new or progressively worsening neurological deficits. As this was clearly evident on the most recent clinical evaluation for this injured worker, the request is medically necessary.

Nortriptyline HCL 25 mg Cap SIG: take one to two tablets at bedtime Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Nortriptyline is a sedative type antidepressant that can be utilized in the management of insomnia. The most recent clinical records for this injured worker did not specifically identify any clear evidence regarding insomnia or other sleep issues that would reasonably require the use of this medication. Therefore this request is not medically necessary.

Panteprazole SOD DR 20mg tab SIG: take one twice daily QTY: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: Clinical documentation noted ongoing gastrointestinal upset due to the use of medications; to the point where he she was not able to utilize anti-inflammatories. Given this level of gastrointestinal side effects from all medication use, a proton pump inhibitor such as Pantoprazole would be supported as medically appropriate at this time. As such, the request is medically necessary.