MAXIMUS Federal Services

Case Number:	CM14-0055425		
Date Assigned:	07/07/2014	Date of Injury:	01/10/1999
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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, has a subspecialty in 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 37 year old female who had a work related injury on 01/10/1999. Most recent medical record submitted for review is dated 04/02/14. She was seen for follow up for her back pain. The flare-up has slightly decreased due to the combination of Toradol injection in addition to a steroid taper. She has continued to lose weight; however, she has not had time to exercise recently due to her hospital stay. Currently the injured worker states that the pain in her lower back is located on the left side without radiation and is at a level of 6/10 and is defined as sharp and pins and needles. It is worse with prolonged sitting and walking. Numbness and tingling, weakness, bladder or bowel incontinence denied. Physical examination noted normal lumbar lordosis. Range of motion is 80 degrees of lumbar flexion, 10 degrees of lumbar extension and 10 degrees of left lateral bending, all of which reproduce her typical left greater than right low back pain. 30 degrees of right lateral bending is pain free. Tenderness to palpation of the left is greater than the right paraspinal muscles and gluteus muscles. Strength is 5/5 in bilateral lower extremities. 1+ patella and Achilles reflexes with downgoing toes. Supine straight leg raising recreates typical left sided low back and buttock pain, negative on the right. Diagnoses are L4-5 degenerative disc protrusion with left L5 radicular pain, slightly improved, and probable new disc herniation likely L2 or L3 causing left buttock and anterior thigh pain. Prior utilization review on 04/14/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Official Disability Guidelines -TWC, Low Back Summary last updated 3/18/14.

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

Decision rationale: The current evidence based guidelines do not support the request. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. There is no clinical evidence of radiculopathy or any "red flags". Therefore, the request for Lumbar Spine MRI is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 63-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAID's.

Decision rationale: The clinical documentation submitted for review does not support the request. There is no clinical evidence that the injured worker has gastrointestinal problems or is at risk of developing gastrointestinal problems. Therefore, the request for Protonix 20mg #60 is not medically necessary.

Protonix 20mg #60: Upheld

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

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: The request for Protonix 20mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical evidence that the injured worker has gastrintestinal problems or is at risk of developing gastrointestinal problems. Therefore, medical necessity has not been established.

Vicodin 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a Therapeutic Trial of Opioids, Opioids for Chronic Pain. Decision based on Non-MTUS Citation Agency Medical Director's Group Guidelines from Washington State.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. These medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request for Vicodin 5/325mg #30 is not considered to be medically necessary.