MAXIMUS Federal Services

Case Number:	CM14-0060384		
Date Assigned:	07/09/2014	Date of Injury:	06/10/2008
Decision Date:	09/24/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family 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:

This is a 55-year-old with a September 10, 2013 injury date. The mechanism of injury is not provided. In a follow-up on 3/10/14, the patient has subjective complaints of 80 percent back pain and 20 percent leg pain with a severity of 8/10. There is constant left hip pain and episodic posterior left leg pain which occurs about four times per week. There is left foot pain with pins and needles sensation along the plantar surface. The patient has great difficulty with activities of daily living. Objective findings include mild lumbar tenderness to palpation, motion is restricted in the lower back, and a positive straight leg test. Sensation is decreased in the L5-S1 dermatome, left side, and there is a left foot drop. Lumbar spine xrays on 9/13/13 showed spondylosis and degenerative disc disease. Lumbar MRI on September 13, 2013 showed disc protrusion of 3 mm at L4-5, moderate bilateral foraminal narrowing, and bilateral facet hypertrophy. At L5-S1 there left foraminal narrowing with impingement of the exiting nerve root. There is severe bilateral facet joint hypertrophy. Diagnostic impression: lumbar herniated disc, lumbar stenosis, radiculopathy. Treatment to date: activity modification, chiropractic therapy, massage, traction, medication management, epidural steroid injection, selective nerve root block at S1 (100% relief but still with left foot drop). A UR decision on April 16, 2014 denied the request for lumbar hemilaminotomy, foraminotomy, decompression at L4-S1, microdicectomy at L4-5, on the basis that a requested L5-S1 epidural steroid injection (ESI) was already approved recenty and the objective findings do not correlate with the MRI. The request for Duexis 800 mg was denied on the basis that it is not recommended as a first line drug. The request for physical therapy 2X4 was approved on a modified basis, allowing for 2X per week for 1 week after undergoing the planned ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemilaminotomy Foraminatomy Decompression at L4-5 and L5-S1 and Microdiscectomy at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In the present case, the patient reported 100% pain relief from the prior L5-S1 ESI on January 31, 2014. In addition, there was recently another approved L5-S1 ESI that the patient apparently is planning on. Regarding the requested surgery at the L4-5 level, there is no evidence of active nerve root compression at that level that would justify that portion of the procedure. There is limited overall evidence of the medical necessity of this procedure at this time. Therefore, the request for Decision for Hemilaminotomy Foraminatomy Decompression at L4-5 and L5-S1 and Microdiscectomy at L4-5, is not medically necessary or appropriate.

Duexis 800 mg sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--Duexis.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. ODG states this medcication is not recommended as as a first-line drug (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDS. See NSAIDs, GI symptoms & cardiovascular risk, where Proton pump inhibitors (PPIs) are recommended. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the

risk of developing upper gastrointestinal ulcers. Therefore, the request for Duexis 800 mg, #60, is not medically necessary.

Physical therapy for the lumbar spine, twice weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS does not address this issue. The ODG recommends post-injection physical therapy of one to two visits over one week after an epidural steroid injection. Since the request was for two visits over four weeks, the request as written cannot be certified. Therefore, the request for physical therapy for the lumbar spine, twice weekly for four weeks, is not medically necessary or appropriate.