

Case Number:	CM14-0064339		
Date Assigned:	07/11/2014	Date of Injury:	01/12/2007
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational 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 patient is a 50 year-old male with date of injury of 01/27/2007. The medical document associated with the request for authorization is the primary treating physician's progress report which is dated 03/27/2014. It lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. The patient is status L/S surgery including hardware removal without benefit. Objective findings upon examination of the lumbar spine revealed tenderness along the midline L3-L5 region and paraspinal musculature. The straight leg raise was negative with bilateral leg raise in sitting position with 5/5 quadriceps strength bilaterally. There was tenderness to palpation in the greater trochanteric region of the hips bilaterally. The patient was able to heel and toe walk with referred low back pain. There was no mention of any cardiologic complaints or tests thereof. The diagnosis includes: 1. Status post L4-5 fusion with hardware removal and revision decompression and fusion 2. Thoracic spine strain/sprain with mild arthrosis, 3. Bilateral hip trochanteric bursitis, and 4. Cardiology complaints. The medical records supplied for review document that at the time of the request for authorization on 03/27/2014, the patient had been prescribed to following medications for two months; however, there is documentation that the patient takes Percocet, Dilaudid, and oral morphine. Other medications include: 1. Norco 10/325mg, #120 SIG: one Q 8hrs2. Prilosec 20mg, #60 SIG: 2 QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one Q8hrs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic, or provide sufficient documentation for the continuance of Norco; the request documentation is not present in the medical record. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. This request is not medically necessary.

Prilosec 20mg two (2) QD #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Prilosec. This request is not medically necessary.

Trigger point injections in each glutues medius region: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. The medical record documents subjective and objective findings compatible with radicular pain. The request is considered not medically necessary.

Toradol 4 units, xylo/lido 1 unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anaesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. Neither Toradol nor lidocaine is long-acting. Neither drug will reduce pain or improve function for a sustained period. This request is not medically necessary.

Cardiology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. There is no mention of cardiac disease or cardiac symptoms. This request is not medically necessary.