

Case Number:	CM14-0064963		
Date Assigned:	07/11/2014	Date of Injury:	10/09/2012
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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 Management and is licensed to practice in Texas. 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 58-year-old male who had a work related injury on 10/09/12. He said he picked up the metal beam in the construction site to remove the beam off the construction site into the container when he felt a sudden rapid onset of low back pain radiating to his right lower extremity. The injured worker has been treated with physical therapy, medications, and trigger point injections. The most recent documentation submitted for review is dated 11/12/13. Pain rating on a scale of 0-10 is 8. Pain without medication is 8. Pain with medication is 6. The injured worker is taking Norco 3 times a day and anti-inflammatories. The injured worker states that 70% of his pain is in his back and 30% in his leg. Pain is worse with the following activities, bending forward, backwards, sitting, walking, and exercise, reaching for something, coughing, straining, and pushing a shopping cart. The injured worker states he is confined to his house. The injured worker goes to bed at 12 o'clock and wakes up at 9 o'clock with the help of an ice pack and a transcutaneous electrical nerve stimulation unit. The injured worker's functional activities are limited like going to work, performing household chores, doing yard work, or shopping. The injured worker had a magnetic resonance image report not available for review. On physical examination, the injured worker is well-developed, well-nourished male who does not seem to be in any kind of acute distress. Pelvis level is equal. On palpation, the injured worker has tenderness in the lumbosacral spine and paraspinal muscles with minimal stiffness, and no spasms. Range of motion of the lumbosacral spine is painful and slightly decreased, flexion 40 degrees, extension 20 degrees, and lateral

flexion 20 degrees bilaterally, and lateral rotation is 25 degrees. Straight leg raising, sitting, and supine on the right at 70 degrees and the left is 90 degrees. Fabre's, Patrick's extension, Gaenslen's, and piriformis stretch are negative. Gait is within normal limits. Deep tendon reflexes in biceps, brachial radialis, triceps, knee jerks, and ankle jerks are 2+ bilaterally. Diagnosis low back pain. Degenerative disc disease of the lumbosacral spine. Lumbar radiculopathy. Prior utilization review on 04/17/14 not medically necessary. In reviewing the limited documentation submitted for review, there is no magnetic resonance image report for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qid prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

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. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications therefore, this request is not medically necessary.

Prilosec 20mg bid (twice a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID. 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 Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age 65 years history of peptic ulcer, gastrointestinal bleeding or perforation concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture therefore, this request is not medically necessary.

Robaxin 750mg bid (twice a day) prn muscle spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines-pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups therefore, this request is not medically necessary.

Lumbar epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per California Medical Treatment Utilization Schedule, a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review therefore, this request is not medically necessary.

