

Case Number:	CM14-0074496		
Date Assigned:	07/16/2014	Date of Injury:	05/03/2005
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 injured worker is a 44 year old male who was injured on May 3, 2005. The mechanism of injury was not stated in the documents available for review. The diagnosis was displacement of a thoracic intervertebral disc without myelopathy. The most recent progress note dated 5/9/14 revealed that the injured worker was status post cervical and lumbar fusion, with complaints of pain in the mid thoracic area radiating to the back of his head, causing headaches. Prior treatment included epidural steroid injections, medications, cervical and lumbar fusions, and a psychiatry consultation regarding depression. Diagnostic studies included an MRI of the thoracic spine dated 3/14/12, which was read as normal. A prior utilization review determination dated 5/15/14 resulted in denial of an epidural steroid injection in the thoracic spine area, Colace 100 milligrams quantity sixty, Norco 10/325 milligrams quantity 240, Prilosec 20 milligrams quantity ninety, Ultram extended release (ER) 150 milligrams quantity ninety, Flurbiprofen 120 gram tube, and a psychiatry consultation regarding depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Procedures Page(s): 46 (80).

Decision rationale: In the documentation available for review, there was no evidence of thoracic radiculopathy on history or physical examination, and no evidence of nerve root impingement on the thoracic MRI. As noted in the MTUS/Chronic Pain guidelines cited above, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). As this injured worker does not have radicular pain or corroborative physical findings, the request does not meet evidence-based criteria. Given the above the request is not medically necessary.

Colace 100 mg Quantity 60: 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: Medical logic; standard of practice <http://www.jabfm.org/content/24/4/436.full>.

Decision rationale: Both the MTUS and ODG are silent about stool softeners. It is generally accepted that they should be used in patients on opioid therapy. They are also indicated for constipation. The documents available for review do not mention constipation. The opioids requested in the initial review, Norco and tramadol, were denied. Therefore neither condition is met. As such the request is not medically necessary.

Prilosec 20 mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication Page(s): 68 (102).

Decision rationale: Proton pump inhibitors such as omeprazole (Prilosec) are recommended for patients on an oral non-steroidal anti-inflammatory medications (NSAID) with intermediate of cardiovascular or gastrointestinal disease. The requested NSAID was topical, and no details of cardiovascular or gastrointestinal risks were given. Therefore, this request does not meet evidence-based guidelines. Given the above the request is not medically necessary.

Flurbiprofen 120g tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication Page(s): 73 (108); 111-112 (147-8).

Decision rationale: According to the MTUS Chronic Pain guidelines, flurbiprofen is recommended for osteoarthritis as an oral medication. Studies of topical NSAIDs have been short term only and of low quality. They may be effective for osteoarthritis in the first two weeks. This patient does not have a diagnosis of osteoarthritis, and the complaints are long term. Therefore the request is not supported by evidence-based guidelines. As such is not medically necessary.

Psychiatry consultation for depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

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, page(s) 132.

Decision rationale: The records reflect that a psychiatry consultation had already taken place. The report and any changes in treatment were not available in the documentation provided. In addition, according to Chapter 7 of the ACOEM guidelines, 2nd Edition, the request should specify the concerns to be addressed in some detail. This was not included in the request. For these reasons, the request is duplicative and does not meet guideline criteria. As such is not medically necessary.