

Case Number:	CM14-0074667		
Date Assigned:	08/08/2014	Date of Injury:	12/03/2013
Decision Date:	09/24/2014	UR Denial Date:	04/28/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 12/03/2013. The mechanism of injury was not provided. On 04/03/2014, the injured worker complained of low back and hip pain radiating to the leg. Upon examination, the injured worker had 4/5 strength in the lower extremity with sensory loss in an L4-5 distribution. There are spasms, guarding, and loss of lordosis in the lumbar spine. There was a positive right sided straight leg raise with severe tension to the left at 70 degrees. There was diminished left heel walking, toe walking, and heel to toe raising. An MRI of the lumbar spine dated 04/02/2014 noted an L5-S1 disc bulge/herniation measuring 1.5 mm with disc desiccation with a partial disc desiccation at L1-2. The diagnoses were L1-2 kyphosis with interspace collapse with desiccation of the intervertebral disc, L4-5 traumatic disc fissuring, L4-5 facet fracture and acute/chronic flare up by recent industrial injury with possible nerve impingement, and L5-S1 disc bulge. There was a cervical whiplash flexion extension rotation injury, left elbow epicondyle fracture tendon injury, and multiple orthopedic injuries including left hip, left knee, left ankle, left shoulder, left elbow, and left wrist. Prior treatment included medications, the use of a cane, and diagnostic studies. The provider recommended a whole body nuclear bone scan, Norco, Protonix, Flexeril, and naproxen. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Whole Body Nuclear Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

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, Bone Scan.

Decision rationale: The Official Disability Guidelines do not recommend a bone scan except for bone infection, cancer, or arthritis. Bone scans used intravenous administration of tracer medications to show radioactive uptake to detect metastasis, infection, inflammatory arthropathies, significant fractures, or significant bone trauma. There is a lack of documentation that the injured worker has a diagnosis congruent with the Guidelines recommendation for a bone scan. The provider's rationale was not provided. The request is not medically necessary.

Norco 10/325mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication has not been provided. The provider's request does not indicate the frequency of the medication in the request as submitted. The request is not medically necessary.

Protonix 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS Guidelines note proton-pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that have a moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the Guidelines recommendation for Protonix. Additionally, the injured worker is not at moderate to high risk for gastrointestinal

events. The provider's request does not indicate the frequency of the medication in the request as submitted. The request is not medically necessary.

Flexeril 7.5mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 7.5 mg with a quantity of 60 exceeds the Guidelines recommendation of short term therapy. The provided medical records lack documentation of significant objective functional improvement with the prior use of this medication. The provider's rationale for the request was not provided within the documentation. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The request is not medically necessary.

Naproxen 550mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The request is not medically necessary.