MAXIMUS Federal Services

Case Number:	CM14-0082261		
Date Assigned:	07/21/2014	Date of Injury:	10/01/2012
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Pain 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 patient of the date of injury of October 1, 2012. A utilization review determination dated June 2, 2014 recommends non-certification for an MRI of the lumbar spine, Tramadol, Prilosec, and a topical compound medication. A progress note dated June 11, 2014 identifies subjective complaints of severe back pain, left wrist pain, and left ankle pain. The patient is not in therapy and is not working, uses Flexeril twice a day, Naprosyn twice a day, and Prilosec once a day, and he also uses Tramadol 150 mg twice a day. He uses a topical cream containing Ketoprofen, Gabapentin, and Tramadol. Physical examination reveals lumbar spine with reduced range of motion, positive straight leg raise, and normal lower extremity neurologic examination. The diagnoses include lumbar L2, L3, and L4 chip fractures, severe lumbar sprain/strain with herniated nucleus pulposus, thoracic sprain/strain, lumbar radiculopathy, right heel contusion, left ankle sprain/strain, left wrist sprain/strain, anxiety, insomnia, and fall from a height. The treatment plan recommends consideration for kyphoplasty. The note indicates that the patient had urine toxicology and continues to be permanent and stationary. A urine drug screen dated May 13, 2014 is positive for Tramadol. An MRI of the lumbar spine performed on May 1, 2014 identifies a disk protrusion at L2-3 and L3-4 with the set arthropathy present at L5-S1. There is also possible nerve root compromise on the bilaterally at T12-L1, L3-L4, and left L4-L5. A progress note dated April 30, 2014 identifies subjective complaints including moderate back pain which limits his activities. The patient also has left wrist pain and left ankle pain. The AME report recommends kyphoplasty. The note states that the patient needs his medication. Physical examination findings identified decreased range of motion in the lumbar spine. The treatment plan recommends an MRI of the patient's lumbar spine. He also needs refills of topical creams, Flexeril, Prilosec, Tramadol extended release, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging); Minnesota.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a lumbar MRI in 2014. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of such documentation, the currently requested repeat lumbar MRI is not medically necessary.

Prilosec 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation that the patient is at risk for gastrointestinal events with NSAID use, as he is described as taking Naprosyn twice daily. As such, the currently requested Omeprazole is medically necessary.

Topical Cream - Gabapentin, Ketoprofen, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of Gabapentin, Ketoprofen, and Ultram. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Guidelines do not support the use of topical Gabapentin or topical Tramadol. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, the requesting physician has not provided any peer-reviewed literature supporting use of topical Tramadol or topical Gabapentin. In the absence of clarity regarding those issues, the currently requested topical compound is not medically necessary.

Tramadol ER 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79 of 127.

Decision rationale: Regarding the request for Tramadol ER, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Tramadol is improving the patient's function (in terms of specific objective functional improvement) or pain

(in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol ER is not medically necessary.