

<b>Case Number:</b>	CM14-0086414		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/10/1999
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Nevada. 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 records, presented for review, indicate that this 65 year old female was reportedly injured on November 10, 1999. The mechanism of injury is undisclosed. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of low back pain, pain at the surgical incision site, and anxiety with depression. The physical examination demonstrated tenderness to palpation of the healing of the wounds secondary to a recent fall, a decreased lumbar spine range of motion, and a positive straight leg raising. Diagnostic imaging studies objectified degenerative disc disease without evidence of acute pathology. Previous treatment included medications and pain management interventions. A request was made for pain management consultation, multiple medications, ultrasound studies and a wedge pillow and was not certified in the preauthorization process on June 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management with Dr. [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultations.

**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 Evaluations, Page 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the treatment to date and the notation that Nucynta had been prescribed and noting that oxycodone is used very sparingly, clearly there is no uncertainty relative to the diagnosis or complexity relative to what is to be done. As such, by in the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the medical necessity of such a consultation is not noted.

**Right sinus tarsl ultrasound:** 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 in worker's Compensation/Foot & Ankle.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

**Decision rationale:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this type of intervention is not recommended. There is insufficient objective clinical information presented to support this type of imaging, and there is no efficacy whatsoever. Therefore, based on the current clinical situation, this is not medically necessary.

**Oxycontin 10mg QD Prn- pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

**Decision rationale:** When considering the date of injury, the injury sustained, the finding on the current physical examination and that the Oxycodone is only taken sparingly and the medication Nucynta was not filled, there does not appear to be any clinical indication for the continued use of this medication. As outlined in the Official Disabililty Guidelines (ODG), documentation of increased functionality or improved pain management is to be made. Based on the progress notes reviewed, there does not appear to be any increase in the functionality of the injured employee or decrease in the limitations, or any discussion whatsoever about a return to work. Therefore, based on the clinical information presented for review and with the parameters noted in the Medical Treatment Utilization Schedule (MTUS), the medical necessity of this medication has not been established.

**Prilosec 20mg 2 qd # 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 Postsurgical Treatment Guidelines Page(s): 68.

**Decision rationale:** This medication is useful for the treatment of gastroesophageal reflux disease. This can also be used to address the sequelae or side effects relative to nonsteroidal antiinflammatory medications. However, it is noted that there were no complaints of gastrointestinal distress. Therefore, when noting the date of injury, the injury sustained, the amount of time this medication has been employed and there are no subjective complaints, there is no definite evidence presented to suggest the need for such an intervention. Therefore, based on the clinical information presented for review, there is nothing in the progress notes to support the continued use or the medical necessity of this medication.

**Wedge pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically cited).

**Decision rationale:** The record indicates a diagnosis of chronic low back pain with lumbar disc disease. The recommendation is for pharmacotherapy and a sacral pillow. There is no documentation provided in the medical record indicating the type of pillow/support cushion being requested. There are numerous sacral pillows, such as a lumbar sacral support, a sacral wedge, a coccyx cushion, etc. However, there is no evidence based guideline support for any of these types of lumbar support devices. In the absence of clinical documentation noting evidence based efficacy for the devices being requested, this request is not supported by the guidelines, this is not medically necessary.