

Case Number:	CM14-0175220		
Date Assigned:	11/05/2014	Date of Injury:	04/07/2005
Decision Date:	01/30/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Spine Surgery and is licensed to practice in New York. 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 patient has a date of injury of April 7, 2005. The patient complains of low back pain. She also has pain that radiates to her right leg. She takes narcotics for pain. On physical examination there is tenderness of the cervical spine. Sensation is normal in all upper extremity dermatomes. Motor exam shows reduced motor strength in shoulder abductors bilaterally and right elbow flexors. Lumbar spine shows tenderness palpation of the lumbar paraspinal muscles. There is facet tenderness from L4-S1 levels. Sacroiliac joint tenderness is positive bilaterally. Piriformis tendon this is positive bilaterally. Straight leg raise is normal bilaterally. The patient has reduced range of lumbar motion. Motor exam is normal in the bilateral lower extremities. Reflexes are normal. Sensation is normal in the bilateral lower extremities. The patient's diagnosis cervical degenerative disc condition and lumbar degenerative disc condition with radiculopathy. Patient was also diagnosed with lumbar facet syndrome. The patient had previous left shoulder decompression. At issue is whether facet injection therapy and other modalities a medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: This injured worker does not meet criteria for cervical MRI. Specifically the injured worker's physical examination does not show significant neurologic deficit. Also, it is unclear from the medical records whether the injured worker has recently completed a trial and failure of conservative measures to include physical therapy for neck pain. There are no red flag indicators such as fracture or tumor. Per MTUS page 172, the request for MRI of the Cervical Spine not medically necessary at this time.

Bilateral L4-S1 Rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Establish criteria for bilateral lumbar rhizotomy treatment not met. Specifically, the medical records indicate that this injured worker has leg pain was diagnosed with radiculopathy. Since the injured worker has radicular lumbar pain, there is contraindication to criteria for facet rhizotomy treatment. ODG criteria for facet rhizotomy not met; therefore, the request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-72.

Decision rationale: This injured worker has a long history of back and neck pain. The medical records do not indicate what NSAID medications the injured worker has previously had. Also, the medical records do not document functional improvement with previous NSAID treatment. Guidelines recommend first line NSAID treatment with first-generation NSAID medication such as Motrin Advil or over-the-counter medications prior to use of second line medications such as naproxen. Medical records do not support the use of NSAID medication at this time as previous NSAID use with lack of functional improvement has not been documented. The request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 299.

Decision rationale: The injured worker has had previous narcotic treatment. Functional improvement with previous narcotic treatment has not been clearly documented. There is no documentation that the injured worker is a functional restoration program. Pain scores have not been reportedly reduced with previous narcotic medication. It is unclear how much functional improvement the injured worker does have a previous narcotic therapy. Per MTUS guidelines, page 299, additional narcotic therapy is not recommended for chronic pain conditions. The request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-72.

Decision rationale: The medical records do not document that this injured worker has had previous GI abnormalities or was predisposed to GI dysfunction. GI risk factors are not present in the medical records. Criteria for Prilosec not met. MTUS pages 69-72. Therefore, Prilosec is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 299.

Decision rationale: This medication is an opioid type medication. Guidelines do not recommend the use of this medication in the long-term for chronic pain conditions. The injured worker has had previous narcotic therapy without documented functional improvement. It is unclear exactly what response the injured worker has had 2 previous narcotic therapy. MTUS guidelines do not support the use of this medication at this time as the medical records do not support the need for this medication. The request is not medically necessary.

Glucosamine 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Glucosamine is not recommended for injured workers with chronic multidirectional pain condition. Guidelines do not support the use of glucosamine for injured workers with degenerative cervical and lumbar conditions. Glucosamine is not medically necessary. MTUS page 50 does not support the use of glucosamine for degenerative lumbar and cervical pain. Therefore, the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines

Decision rationale: The medical records do not document that this injured worker has a sleep disorder. FDA Guidelines for use of Ambien has not been established; therefore, the request is not medically necessary.

Baclofen 10mg #60: Upheld

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

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

Decision rationale: This medication as a muscle relaxant. Guidelines do not recommend the use of muscle relaxants for chronic low back pain. This injured worker has chronic degenerative neck and back pain. Use of baclofen has not been shown to improve outcomes for injured workers with chronic low back pain and neck pain. MTUS Guidelines page 113 does not support the use of this medication; therefore, the request is not medically necessary.

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

Decision rationale: Urine toxicology screen is not necessary. MTUS guidelines page 94 does not recommend the use of long-term narcotics for injured workers with chronic pain conditions, additional narcotic therapy is not necessary for this injured worker. Since additional narcotic therapy is not medically needed, then urine toxicology screen is not needed. The request is not medically necessary.

