

Case Number:	CM14-0187268		
Date Assigned:	11/17/2014	Date of Injury:	01/10/2000
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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:

Injured worker is a female with date of injury 1/10/2000. Per follow up visit note dated 10/24/2014, the injured worker complains of chronic neck and low back pain. She reports that she continues to have persistent low back pain that radiates down her left lower extremity with numbness and tingling. She also continues to report altered gait and states that with grocery shopping she must stop after 15 minutes due to increase in pain. She feels that her function will continue to decline. On examination the injured worker ambulated into the room without any assistance. The cervical spine reveals tenderness to palpation at the cervical spinous muscles with muscle tension extending into the bilateral upper trapezius muscles. Range of motion of the cervical spine is decreased by 10% with flexion, full extension, and reduction by 20% with rotation bilaterally. Sensations were mildly decreased along the right upper extremity compared to the left upper extremity. Grip strength was 4/5 with right hand grip compared to the left hand. Deep tendon reflexes were 1+ and equal at the brachioradialis, biceps and triceps. The lumbar spine has tenderness to palpation at the lumbosacral junction. Range of motion of lumbar spine is decreased by 30% with flexion, full extension, and decreased by 30% with rotation bilaterally. Sensation was decreased to light touch along the left lower extremity compared to the right lower extremity. Motor strength is decreased with left foot dorsiflexion compared to the right foot. Deep tendon reflexes were 2+ and equal at the patella and Achilles. Straight leg raise was negative bilaterally. Clonus was negative bilaterally. Diagnoses include 1) lumbar disc displacement without myelopathy 2) cervical spondylosis 3) cervical disc displacement without myelopathy 4) degeneration cervical disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The California (MTUS) Guidelines do not recommend the routine use of computed tomography (CT) with low back complaints. CT should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the CT is used to determine the specific cause. CT is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The injured worker is noted to have had magnetic resonance imaging (MRI) of the lumbar spine on 7/15/2014. No rationale is provided to support the request of CT of the lumbar spine after MRI of the same region. The request for CT scan of the lumbar spine is determined to not be medically necessary.

Norco 10/325mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The California (MTUS) Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no evidence that the injured worker has functional improvement and significant pain reduction with the use of Norco. The injured worker reports that she is continuing to decline in function. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #135 is determined to not be medically necessary.

Cymbalta 20mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section Page(s): 13-16.

Decision rationale: The California (MTUS) Guidelines recommended the use of antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Although the injured worker reports declining function, she has been diagnosed with depression and has reported benefit from the use of Cymbalta. Continued use of Cymbalta is supported by the MTUS Guidelines. The request for Cymbalta 20mg #60 with 3 refills is determined to be medically necessary.

Naproxen 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no acute injuries reported. She also reports reduced function despite treatment with NSAIDs. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Naproxen 500mg #60 with 3 refills is determined to not be medically necessary.

Pantoprazole 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as pantoprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events.. The injured worker is under age 65 years of

age. There is no history reported regarding peptic ulcer, GI bleeding or perforation. Concurrent use of aspirin, corticosteroids, and/or anticoagulants is not reported. The injured worker is not reported to be taking high doses of NSAIDs or multiple NSAIDs. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of pantoprazole when using NSAIDs. The request for Pantoprazole 20mg #60 with 3 refills is determined to not be medically necessary.