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| Case Number: | CM14-0189555 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 04/05/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on April 5, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain, bilateral shoulder strain with tendinitis and impingement, right knee sprain and patellofemoral arthralgia, right ankle sprain/strain and complaints of headaches. Treatment to date has included Synvisc injections, a knee brace, exercises and medications. On September 29, 2014, the injured worker complained of low back pain that is increased with sitting, standing, bending and stooping activities. The pain is decreased with rest, medications and exercises. The injured worker presented with a right knee brace. He was status post Synvisc injection to the right knee. He reported a 40% benefit with the injection. He reported continued swelling of the right knee. The treatment plan included home exercises, bracing, pain management consultation for the lumbar spine, diagnostic studies, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, low back-lumbar and thoracic.

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

Decision rationale: The injured worker is being treated for chronic low back and knee pain. Physical examination is notable for negative straight leg raise testing, lumbar paraspinal muscle tenderness to palpation and decreased lumbar range of motion secondary to increased pain with flexion and extension. The injured worker was noted to ambulate with antalgic favoring the right lower extremity. MRI of the lumbar spine was subsequently requested. The injured worker has non-specific back pain best classified as a strain without radiculopathy. The MTUS citation listed provides specific indications for imaging in cases of low back pain. The treating physician has not described the clinical evidence of significant pathology, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. Specific indications for surgery are not present. The radiographs did not show any significant pathology. The MRI is not medically necessary, as the injured worker does not meet the criteria described in the MTUS.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The injured worker is being treated for chronic low back and knee pain. Physical examination is notable for negative straight leg raise testing, lumbar paraspinal muscle tenderness to palpation and decreased lumbar range of motion secondary to increased pain with flexion and extension. The injured worker was noted to ambulate with antalgic favoring the right lower extremity. Request is being made for Ultram ER 50 mg, Prilosec 20 mg, Fexmed 7.5 mg, and Sonata 10 mg. With regards to muscle relaxants, MTUS guidelines recommendations are for short-term use, usually limited to 2 weeks for symptom improvement. The one-month refill request exceeds MTUS guidelines for short-term use and is therefore not medically necessary.

Sonata 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, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker is being treated for chronic low back and knee pain. Physical examination is notable for negative straight leg raise testing, lumbar paraspinal muscle tenderness to palpation and decreased lumbar range of motion secondary to increased pain with flexion and extension. The injured worker was noted to ambulate with antalgic favoring the right lower extremity. Requested is being made for Ultram ER 50 mg, Prilosec 20 mg, Fexmed 7.5 mg and Sonata 10 mg. MTUS guidelines recommends against long-term use of benzodiazepines such as Sonata, usually limiting use to 4 weeks. The requested 30-day supply refill would be considered long-term use and is therefore not medically necessary.