

<b>Case Number:</b>	CM14-0200506		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/10/2000
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old female who was injured at work on 01/10/2000. She is reported to be complaining of gradual worsening of her low back pain radiating down her left lower extremity with associated numbness and tingling. The physical examination revealed cervical spine tenderness, muscle tension extending to the bilateral trapezius, decreased cervical range of motion, mildly decreased sensation of the right upper extremity, 4/5 grip strength on the right; decreased lumbar range of motion, tenderness to palpation of the lumbar spine, decreased light touch in the left lower extremity, decreased dorsiflexion of the left foot. However, the utilization review report of 11/04/2014 noted that the 10/24/2014 report from the consultant surgeon noted findings of well healed lumbar scar, normal lumbar range of motion, no palpable tenderness, and no abnormal findings with lower extremity neurological examination. The Lumbar MRI of 07/15/2014 revealed L5-S1 spinal fusion with ossific spurring of left neural foramen causing moderate foraminal stenosis, and minimal disc bulge. The worker has been diagnosed of Lumbar disc displacement without myelopathy, cervical spondylosis without myelopathy, cervical disc degeneration without myelopathy, degeneration cervical disc. Treatments have included cervical radiofrequency ablation, cervical traction, Lumbar epidural injection, Cymbalta, pantoprazole, Naproxen, Norco, Maxzide, Valium, and Soma. At dispute are the requests for CT Scan of The Lumbar; Norco 10/325 MG #67; Naproxen 500 MG #60 with 3 Refills; and Pantoprazole 20 MG #60 with 3 Refills.

### 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.

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

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for CT scan of the Lumbar for investigation of postsurgical Lumbar fusion. Although the records from the treating provider indicate the injured worker has abnormal neurological findings, such findings were not reproduced in the report of the surgeon. Also, the most recent Lumbar MRI of 07/22/2014 noted fusion at L5-S1. Although CT scan is preferred to MRI in analyzing bony structures, the post fusion X-ray was reported to have noted Lumbar fusion. The MTUS recommends against indiscriminant imaging in order to avoid false-positive findings that do not warrant surgery. Therefore, the requested test is not medically necessary and appropriate.

**Norco 10/325 MG #67: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #67. The records indicate she has been using this medication as far back as 2011, but has continued to experience pain and has reported decreased functioning. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; or continuing pain with the evidence of intolerable adverse effects, or decrease in functioning. The requested treatment is therefore not medically necessary and appropriate.

**Naproxen 500 MG #60 with 3 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Naproxen 500 MG #60 with 3 Refills. The MTUS recommends NSAIDs as a second-line treatment after acetaminophen, but the records indicate her use of this medication predates 07/2014, and it is associated with gastrointestinal upset. The records indicate there has been lack of improvement in pain; rather, she has decreased functioning. Therefore, the requested treatment is not medically necessary and appropriate.

**Pantoprazole 20 MG #60 with 3 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The medical records provided for review do not indicate medical necessity Pantoprazole 20 MG #60 with 3 Refills. The medication was prescribed due to the side effects from the Naproxen; however, Naproxen has been determined to be not medically necessary and appropriate. Consequently Pantoprazole is not medically necessary and appropriate.