

Case Number:	CM14-0203215		
Date Assigned:	12/15/2014	Date of Injury:	04/12/2013
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional spine 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:

This is a 43 year old female patient with an injury date of 04/12/2013. According to progress report dated 10/21/14, the patient presents with continued complaints of low back pain that is rated as 8/10. She reports associated weakness and numbness in the legs. The pain radiates into the left hip, knee, foot and toes. Examination findings revealed tenderness to palpation over the paraspinal muscles. Straight leg raise test was positive on the left. Range of motion was decreased on all planes. The listed diagnoses are: 1) Lumbar disc protrusion at L5-S1 2) Lumbar degenerative disc disease at L5-S1 The MRI performed on 06/29/2013 revealed disc desiccation at L5-S1 with mild broad based central protrusion and annular tear. The EMG/NCV studies performed on 08/06/2013 demonstrated left S1 radiculopathy associated with the MRI findings. A request for services was made on 10/30/2014 requesting for a MRI of lumbar spine, medications including Tramadol and Ibuprofen cream. The Utilization Review denied the requests on 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI.

Decision rationale: This patient presents with continued complaints of low back pain that is rated as 8/10. The current request is for MRI lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG guidelines provides a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. ODG goes on to state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the medical file indicates the patient underwent an MRI of the lumbar spine on 01/21/2014, which revealed disc desiccation at L5-S1 with mild broad based central protrusion and annular tear. There was also an EMG/NCV studies performed on 08/06/2013 which demonstrated left S1 radiculopathy associated with the MRI findings. In this case, there are no new injuries, no significant change in examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), criteria for initiating opioids Page(s): 113, 76-78.

Decision rationale: This patient presents with continued complaints of left-sided low back pain that is rated as 8/10. The current request is for Tramadol. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. There is no prior discussion regarding the medication Tramadol. It appears to be an initial request. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional assessment to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and

work activities..." Furthermore, there is no recommended dosage or duration of use. An open-ended prescribed cannot be supported. The requested Tramadol is not medically necessary.

Ibuprofen cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: This patient presents with continued complaints of left-sided low back pain that is rated as 8/10. The current request is for Ibuprofen cream. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS Guidelines support the usage of salicylate (NSAID) topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. In this case, this patient suffers from low back pain and does not present with peripheral joint problems to warrant the use of a NSAID topical cream. The requested Ibuprofen cream is not medically necessary.