

Case Number:	CM15-0002304		
Date Assigned:	01/13/2015	Date of Injury:	09/21/1999
Decision Date:	04/02/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona
 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 56-year-old female who reported an injury on 09/21/1999. The mechanism of injury was not provided. The injured worker was noted to undergo an MRI of the cervical spine, lumbar spine, and x-rays. The injured worker was noted to undergo multiple surgical interventions for the knees and bilateral shoulder surgery. The most recent documentation was dated 11/11/2014, which revealed the injured worker had pain. The injured worker had a radiofrequency ablation with 3 days of relief. The injured worker's symptoms were noted to have worsened on the fourth day and continued. The physician indicated he had recommended a consideration for an L4-S1 decompression and fusion in 01/2013. The injured worker had complaints of back pain with pain and numbness radiating into the buttocks and down into the right anterior and posterior thigh through her shin into the dorsal and plantar aspect of the foot. The pain was rated a 7/10 to 8/10. The injured worker had complaints of neck pain radiating into the midscapular region and bilateral shoulders and down the arms. The pain was rated a 7/10 to 8/10. The physical examination revealed the injured worker had no evidence of weakness walking on heels or toes. There was no appreciable swelling or atrophy of the paravertebral muscles. The sensation was intact bilaterally to pinprick and light touch. The motor strength was 5/5. The straight leg raise was positive on the right at 60 degrees. The injured worker had an x-ray of the lumbar spine on 11/11/2014 which revealed minimal disc height loss at L3-S1 and moderate facet arthropathy at L3-S1. The diagnoses included L4-S1 disc degeneration and stenosis and lumbar radiculopathy. The treatment plan included the injured worker had an MRI of the lumbar spine 4 months previously and the physician would

work on obtaining this. Additionally, the physician discussed a decompression and stabilization for the injured worker. The injured worker indicated she was not keen on surgery and had complications with other surgeries in the past. As such, the recommendation was for a spinal cord stimulator trial. The medications for this date of service were not listed. There was no Request for Authorization or rationale for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg 1 po QHS PRN #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, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is recommended for the short term treatment of insomnia. The treatment is recommended for a maximum of 10 days. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation of efficacy of the requested medication and the duration of use could not be established. Given the above, the request for Lunesta 2 mg 1 by mouth at bedtime as needed #30 is not medically necessary.

Vimovo 500/20 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69 & 73. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Vimovo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; NSAIDS Page(s): 67; 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. Additionally, they recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate or high risk for gastrointestinal events. The rationale for the requested combination medication was not provided. The efficacy of the medications separately was not provided. There was a lack of documentation of a failure of first line therapy. The NSAID would not be supported and as such, the combination medication would not be supported. Given the above, the request for Vimovo 500/20 mg twice a day #60 is not medically necessary.

