

Case Number:	CM15-0105140		
Date Assigned:	06/09/2015	Date of Injury:	05/06/2011
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old male, who sustained an industrial injury on 05/06/2011. According to a progress report dated 04/15/2015, the injured worker complained of a recent-flare-up of pain in his neck region. Neck pain was rated 6 on a scale of 1-10. He reported lower back pain that was rated 5. He continued to work performing his regular and customary work duties. He continued to take one or two Motrin tablets per day for pain and inflammation. Tenderness was noted over the bilateral suboccipital muscles, as well as over the posterior cervical paraspinal and upper trapezius muscles bilaterally, where muscle spasms and myofascial trigger points were noted. Active range of motion of the cervical spine was decreased with flexion, extension and lateral rotation bilaterally. Increased neck pain was reported upon the extremes of extension and right/left rotation about his cervical spine. Tenderness was noted over the lower lumbar spine and over the bilateral lumbar paraspinal muscles, where muscle spasms were noted. Active range of motion of the lumbar spine was decreased with flexion, extension and lateral bending bilaterally. Increased thoracolumbar pain was reported upon the extremes of flexion and extension about his lumbar spine. Diagnoses included posterior disc protrusion noted at C4-5 (2-3 mm) and C6-7 (2mm), per MRI scan dated 06/11/2014, closed head trauma with cognitive dysfunction, status post severe motor vehicle accident, status post left rib fractures, ribs collapse, herniated nucleus pulposus of the lumbar spine and left buttocks pain. The provider requested authorization for a referral to named provider for re-evaluation and treatment and for consideration for cervical and/or lumbar spine corticosteroid injections and for a short course of chiropractic treatments to his neck and lower

back regions. The provider stated that the injured worker should be referred back to his agreed medical examiner for re-evaluation in view of the persistent complaints and positive findings on the cervical spine MRI scan performed in June 2014. A prescription was given for Motrin 800mg #60 with one refill. Currently under review is the request for a follow-up evaluation with a pain management specialist/physical medicine and rehabilitation consideration for cervical and/or lumbar spine corticosteroid injection and Motrin 800mg quantity 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with a pain management specialist/physical medicine and rehabilitation (consideration for cervical and/or lumbar spine corticosteroid injections):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs pain management evaluation. The medications he is being prescribed includes only Ibuprofen. This request is for possible corticosteroid injections. As the injured worker does not require opioids for pain management, the request for follow up evaluation with a pain management specialist/physical medicine and rehabilitation (consideration for cervical and/or lumbar spine corticosteroid injections is determined to not be medically necessary.

Motrin 800mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section 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 a recent acute exacerbation of cervical spine pain. Although the request for Motrin is appropriate, the request for 1 refill

extends the duration of treatment beyond what is considered medically necessary. The injured worker should be re-evaluated for pain relief and change in function levels prior to refills being prescribed. The request for Motrin 800mg quantity 60 with one refill is determined to not be medically necessary.