

<b>Case Number:</b>	CM15-0132284		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/08/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Texas, New York, 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 8, 2002. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, Motrin, Prilosec, and topical mentherm. The claims administrator reference an RFA form dated June 17, 2015 and an associated progress note of May 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, the applicant reported 6-8/10 low back pain. The applicant reported difficulty performing activities of daily living as basic as reaching and stooping over, it was reported. Radiation of low back pain to the hips and bilateral lower extremities was reported. Dysesthesias about the left leg was appreciated on exam with positive left-sided straight leg raising. The attending provider noted that the applicant had had prior lumbar MRI studies of 2008, 2010, 2011, and 2012. The 2012 lumbar MRI was notable for an L5-S1 posterolateral disk protrusion generating effacement of the left S1 nerve root. A disk bulge at L4-L5 was generating compression upon the thecal sac, it was reported. Repeat lumbar MRI imaging was sought for "comparison" purposes. Motrin, Norco, Prilosec, and topical mentherm were endorsed, seemingly without much discussion of medication efficacy. The applicant's work status was not clearly stated, although the applicant did not appear to be working. The attending provider seemingly stated he was employing omeprazole for cytoprotective effect, as opposed to for actual symptoms of reflux. The requesting provider was a neurologist, it was suggested. In an earlier note dated April 13, 2015, the applicant again reported ongoing complaints of low back pain. Motrin, Norco, Prilosec, and topical mentherm were endorsed. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

## 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 Chapter 12 Low Back Complaints Page(s): 303, 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic): MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The applicant had seemingly had multiple prior lumbar MRIs at various points over the course of the claim, including in 2008, 2010, 2011, and 2012. It did not appear that the applicant had acted on the result of any of the studies in question. There was no mention of the applicant having had prior lumbar spine surgery. The requesting provider was a neurologist (not a spine surgeon), further reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

### **Ibuprofen 800mg #60:** 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment of various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into its choice of recommendations. Here, however, the applicant seemingly reported heightened pain complaints in the 6-8/10 range on May 15, 2015, despite ongoing ibuprofen usage. The applicant was having difficulty performing activities of daily living as basic as reaching and stooping, it was reported on that date. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioid agents such as Norco. Ongoing usage of ibuprofen failed to reduce the applicant's work restrictions from visit to visit. It did not appear that the applicant was working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of

ibuprofen. Therefore, the request was not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** Similarly, the request for omeprazole, a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his May 15, 2015 progress note that omeprazole was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton-pump inhibitors. Namely, the applicant was less than 65 years of age (age 44), was only using one NSAID, ibuprofen, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

**Unknown prescription of Methoderm topical cream (Methyl salicylate 15%, Menthol 10%):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** Finally, the request for topical mentherm, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as mentherm are recommended in chronic pain context present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into its choice of recommendations. Here, however, the applicant did not appear to be working with permanent limitations in place, it was suggested (but not clearly stated), on office visits of May 15, 2015 and April 13, 2015, referenced above. Permanent work restrictions were renewed, unchanged, from visit to visit. Ongoing usage of mentherm failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of mentherm. Therefore, the request was not medically necessary.