

<b>Case Number:</b>	CM15-0027047		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: 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 male, who sustained an industrial injury on 09/23/2013. On provider visit dated 12/19/2014 the injured worker has reported lower back pain and numbness to right lower extremity. On examination he was noted to have lumbar spine pain, sciatic notch with muscle spasms, positive straight leg raise. The diagnoses have included lumbar spine sprain/strain. Treatment to date has included physical therapy and medication. On 02/02/2015 Utilization Review non-certified orthopedic surgical consultation, Ultram 50mg quantity 120 and Motrin 600mg quantity 120. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, (or ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic surgical consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The patient presents with pain in his lower back and right leg. The request is for ORTHOPEDIC SURGICAL CONSULTATION. MRI of the lumbar spine on 10/09/14 reveals: 1) grade 1 anterolisthesis of L4 on L5. 2) L5 vertebra appears transitional. 3) Moderate degree of central canal stenosis at L3-4 and L4-5. 4) At L4-5, 4mm circumferential disc protrusion resulting in abutment of the descending L5 nerve root bilaterally. 5) At L3-4, 5mm midline disc protrusion with abutment of the descending L4 nerve root bilaterally ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the treater requested surgical consultation with [REDACTED] regarding lumbar spine surgery. The patient suffers from lower back pain with significant loss of function and range of motion. MRI also showed stenosis and disc protrusions. The request IS medically necessary.

**Ultram 50mg quantity 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in his lower back and right leg. The request is for ULTRAM 50MG #120. The patient is currently taking Ultram and Motrin. Per 12/19/14 progress report, "Pain level is 3-4/10 with medications and 7-8/10 without medications. With medications the patient is able to perform ADL's." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater documents analgesia with pain going from 7-8/10 to 3-4/10. For ADL's, the treater states "able to perform ADL's." However, adverse effect and aberrant behavior are not discussed. Urine drug screen is not mentioned. No specific ADL's are mentioned to show significant functional improvement. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the request IS NOT medically necessary.

**Motrin 600mg quantity 120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with pain in his lower back and right leg. The request is for MOTRIN 600MG #120. The patient is currently taking Ultram and Motrin. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." NSAIDs are effective for chronic LBP, MTUS also states. In this case, the patient has been utilizing Motrin since at least 12/19/14. The 12/19/14 progress report indicates that Motrin reduces the patient's pain from 7-8/10 to 3-4/10. This patient does suffer from chronic low back pain for which the use of NSAIDs is indicated per MTUS. The request IS medically necessary.