

Case Number:	CM15-0033508		
Date Assigned:	02/27/2015	Date of Injury:	03/01/2002
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male who sustained a work related injury as a bus operator on March 1, 2002. There was no documentation of invasive surgical procedures. The injured worker was diagnosed with lumbar disc disease with bilateral radiculopathy. According to the primary treating physician's progress report on January 23, 2015 the patient continues to experience low back pain. Examination of the lumbar spine documented paraspinal lumbar tenderness with straight leg raise bilaterally left greater than right. Paresthesias of the toes were noted with cramping of the left foot after prolonged standing or walking. Current medications are listed as Vicodin, Relafen, and Zanaflex. Treatment modalities consist of acupuncture therapy, home exercise program and medications. The treating physician requested authorization for lumbar spine magnetic resonance imaging (MRI); Medrol Dosepak (Unknown Qty); Toradol Injection; Celebrex (Unknown Strength and Qty); Vicodin (Unknown Strength and Qty). On February 12, 2015 the Utilization Review denied certification for lumbar spine magnetic resonance imaging (MRI); Medrol Dosepak (Unknown Qty); Toradol Injection; Celebrex (Unknown Strength and Qty); Vicodin (Unknown Strength and Qty). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-MRIs (magnetic resonance imaging).

Decision rationale: Lumbar spine MRI is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation indicates that the patient had a lumbar MRI in 2012. There are no significant new changes or red flag findings. The request for lumbar MRI is not medically necessary.

Medrol Dosepak (Unknown Qty): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Medrol Dosepak (Unknown Qty) is not medically necessary per the ODG and the ACOEM MTUS Guidelines. The MTUS states that Oral corticosteroids have limited "C" research-based evidence for use in acute low back complaints. The ODG states that oral corticosteroids are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. The request for this medication does not indicate a quantity. The patient has a history of chronic pain. For these reasons Medrol Dosepak is not medically necessary,

Toradol Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects-Ketorolac (Toradol, generic available) Page(s): 72.

Decision rationale: Toradol injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Ketorolac (Toradol, generic available) is not indicated for minor or chronic painful conditions per the MTUS. The request as written does not specify a quantity or dose. The request for Toradol injection is therefore not medically necessary.

Celebrex (Unknown Strength and Qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Celebrex (Unknown Strength and Qty) is not medically necessary per the MTUS Guidelines. The MTUS states that Celecoxib (Celebrex) is the only available COX-2 in the United States. The recommended dose is 200 mg a day (single dose or 100 mg twice a day). The MTUS states that NSAIDs are to be used for short term symptomatic pain relief in chronic low back pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. The request as written does not indicate a strength or quantity therefore this request for Celebrex is not medically necessary.

Vicodin (Unknown Strength and Qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and ongoing management Page(s): 91 and 78-80.

Decision rationale: Vicodin (Unknown Strength and Qty) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that the usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum

dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The request for Vicodin is not medically necessary as the strength and quantity are not known.