

Case Number:	CM15-0044418		
Date Assigned:	03/16/2015	Date of Injury:	10/29/2013
Decision Date:	12/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York
 Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 10-29-2013. The injured worker was being treated for cervical spine sprain and strain, shoulder impingement, shoulder sprain, carpal tunnel syndrome, thoracic spine sprain and strain, lumbar disc degeneration, and lumbar sprain and strain. Medical records (10-27-2014 to 1-26-2015) indicate ongoing pain of the back and the bilateral upper and lower extremities. He reported low back pain radiating to the bilateral legs and bilateral upper extremities pain, which is constant and severe. The injured worker reported intermittent weakness of the right leg muscles with instability with weight bearing and spinal weakness. The medical records (10-27-2014 to 1-26-2015) did not include documentation of the subjective pain ratings. The treating physician progress report (10-27-2014 to 1-26-2015) did not include documentation of a physical exam. The treating physician advised to see the cervical, upper extremities, thoracic, lumbar, and lower extremities progress exam sheets. However, these sheets were not included in the provided medical records. The treating physician did not note concerns with abuse, tolerance of medication, or inconsistent urine drug test. On 2-20-2015, an MRI of the lumbar spine with flexion and extension revealed straightening of the lumbar lordosis, a chronic Schmorl's node at L4 (lumbar 4), and hemangiomas at the L3 (lumbar 3) and S1 (sacral 1) vertebral bodies. There was degenerative discogenic spondylosis from L2-3 (lumbar 2-3) and L5-S1 (lumbar 5-sacral 1) and grade 1 degenerative anterolisthesis of L5 on S1. At L2-3, L3-4, and L4-5, there were diffuse left eccentric disc protrusions deforming the ventral thecal sac contributing to moderate left neuroforaminal narrowing with encroachment on the left exiting nerve root. At L5-S1, there was

a diffuse left eccentric disc protrusion deforming the ventral epidural fat contributing to mild to moderate left neuroforaminal narrowing, more prominent on the left, with encroachment on the left exiting nerve root. The provided medical records did not include a recent urine drug screen. Treatment has included pain (Tylenol #3 since at least 9-2014), proton pump inhibitor (Prilosec since at least 10-2014), and non-steroidal anti-inflammatory (Motrin since at least 9-2014) medications. Per the treating physician (1-26-2015 report), the injured worker was to return to modified work with restrictions that included no lifting or pushing over 15 pounds, no repetitive bending or stooping, and no repetitive overhead reaching. In addition, sit and stand at will and no repetitive activities with the upper extremities. The requested treatments included an MRI of the lumbar spine, Tylenol #4, Motrin 800mg, Prilosec 20mg, and urine toxicology screen. On 2-23-2015, the original utilization review non-certified requests for an MRI of the lumbar spine and urine toxicology screen, and modified requests for Tylenol #4, Motrin 800mg, and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complains of chronic radicular low back pain. Physician report at the time of the requested service fails to show objective clinical finding of red flags that would be suspicious of serious spinal pathology. The request for MRI of Lumbar Spine is not medically necessary per MTUS.

Tylenol #4: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back and bilateral upper extremity pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Tylenol #4 is not medically necessary.

Motrin 800mg: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Motrin 800mg is not medically necessary.

Prilosec 20mg: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS

recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec 20mg is not medically necessary per guidelines.

Urine Toxicology Screen: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to demonstrate that the injured worker is at high risk of addiction or aberrant behavior. Being that ongoing use of opioid drugs has also not been approved, urine drug testing is no longer indicated. The request for Urine Toxicology Screen is not medically necessary per guidelines.