

Case Number:	CM15-0060942		
Date Assigned:	04/07/2015	Date of Injury:	07/29/2014
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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: Pennsylvania

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:

This 39 year old man sustained an industrial injury on 7/29/2014 to his head, back, forearm, clavicle, and burns to other areas after being thrown against a cement wall during an explosion. The worker received immediate medical attention and surgical interventions. Diagnoses include cervical, thoracic, and lumbar spine sprain/strain, left forearm fracture, left clavicle open fracture, and left knee sprain/strain. Treatment has included oral and topical medications, surgical intervention, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, and physical therapy. The hospital report from the initial injury states that lumbar and thoracic spine x-rays showed no fractures. A PR-2 from October 2014 notes the injured worker reported pain in the neck, upper-mid back, clavicle, left forearm, and left knee. Medications included fenopfen, cyclobenzaprine, and omeprazole, and the physician documented that there were no gastrointestinal (GI) side effects from medication. Work status was off work. Soma was prescribed in December 2014. Medications in January 2015 included soma, fenopfen, cyclobenzaprine, omeprazole, and topical creams. Work status was temporarily totally disabled. At a visit on 1/22/15, the injured worker reported constant 9/10 pain across the neck and entire back with frequent headaches, weakness in the legs at night and intermittent pain in the whole left leg, intermittent shoulder pain, and tingling in the left first, second, and third fingers. Examination showed spasm and tenderness in the back. The physician documented that the injured worker had constant persistent pain in the entire back for the last 6 months, and documented requests for lumbar MRI, thoracic x-rays, prednisone taper, and orthopedic follow up. Norco and soma were prescribed and the injured worker was given an

intramuscular injection of Toradol 60 mg. Work status was noted as off work. On 1/29/15, the injured worker reported new rash and itching over the body after starting prednisone for four days. Instructions to both stop and continue the prednisone were noted in the treatment plan. Work status as of 2/12/15 was noted to be temporarily totally disabled. On 3/4/15, Utilization Review (UR) non-certified requests for MRI of the lumbar spine, x-ray of the thoracic spine, omeprazole 20 mg #60, prednisone 60 mg #15, soma 350 mg #30, and Toradol 60 mg IM, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: This injured worker has documentation of chronic back pain, with persistent pain in the entire back for six months. The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. In this case, no neurological deficits were documented and no red-flag diagnoses were discussed. No plan for back surgery was discussed. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. Due to lack of specific indication, the request for MRI of the lumbar spine is not medically necessary.

1 X-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: radiography (x-rays).

Decision rationale: The ACOEM neck and upper back chapter states that for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. In this case, no red flag conditions were noted. There were no indications for an invasive procedure. The treating physician has not documented any specific neurological deficits. The initial radiographs of the thoracic spine at the time of the injury in July 2014 were reported to be negative for fracture. There was no documentation of new injury. Due to lack of specific indication, the request for thoracic spine x-ray is not medically necessary.

1 prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed fenoprofen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. This injured worker was noted to have taken prednisone for four days, when he developed a rash with apparent discontinuation of the medication. No other risk factors for GI events are present. There are no medical reports which describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. Due to lack of indication, the request for omeprazole is not medically necessary.

1 prescription of Prednisone 60mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids.

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 chapter: corticosteroids.

Decision rationale: The ODG states that corticosteroids are recommended in limited circumstances for acute radicular pain, and not recommended for acute non-radicular pain (ie axial pain) or chronic pain. The ODG outlines specific criteria for use of corticosteroids for low back pain including clear cut signs and symptoms of radiculopathy, discussion and documentation of risks of steroids/evidence of limited evidence of effect with such medication, and treatment for exacerbation or new injury only in the chronic phase of injury. None of these criteria were documented for this injured worker. The injured worker had constant persistent back pain for months, without documentation of findings consistent with radiculopathy. No new injury or exacerbation was documented. Due to lack of indication, the request for prednisone is not medically necessary.

1 prescription of Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol (soma) p. 29 muscle relaxants p. 63-66 Page(s): 29, 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for several months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Work status remains temporarily totally disabled. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. In addition, this injured worker has been simultaneously treated with cyclobenzaprine, another sedating muscle relaxant, which is duplicative and potentially toxic. Due to lack of recommendation by the guidelines and potential for toxicity, the request for soma is not medically necessary.

1 Toradol 60mg IM injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines toradol (ketorolac) Page(s): 72, Postsurgical Treatment Guidelines.

Decision rationale: Toradol (ketorolac) is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Toradol is contraindicated in patients currently receiving aspirin (ASA) or non-steroidal anti-inflammatory agents (NSAIDs) because of the cumulative risk of inducing serious NSAID-related adverse events. The

manufacturer and the MTUS state that Toradol is NOT indicated for chronic painful conditions. This injured worker has chronic back pain. He has been simultaneously been treated with fenoprofen, another NSAID. Due to lack of documentation of acute pain, and potential for toxicity due to concomitant use of oral NSAIDs, the request for toradol is not medically necessary.