

Case Number:	CM15-0088571		
Date Assigned:	05/12/2015	Date of Injury:	12/12/2006
Decision Date:	06/15/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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: California, Indiana, 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 46-year-old female, who sustained an industrial injury on 12/12/06. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar discopathy with disc placement; lumbar radiculopathy; right sacroiliac arthropathy; status post lumbar fusion. Treatment to date has included medications. Diagnostics included CT scan lumbar spine (5/5/14 and 12/11/14). Currently, the PR-2 notes dated 3/19/15 indicated the injured worker complains of residual pain over the right sacroiliac joint with swelling. She states the medication does not alleviate all of her pain. She was unable to obtain her CT scans of the head from her emergency room visit last month. She is currently taking prescribed Nalfon, Paxil, Prilosec, Ultram ER, Morphine sulfate and Norco. The physical examination reveals a well-healed incision to the midline lumbar area from a lumbar spine fusion (no date). There is positive tenderness to palpation over the right sacroiliac joint with muscle spasms. Fabere's and Patrick's test are positive with a decreased range of motion secondary to pain and stiffness. Straight leg raise in supine position is positive at 20 degrees bilaterally in the lower extremities. The neurological examination notes motor strength at 5/5/ bilaterally in the upper and lower extremities with normal bulk tone. Sensory examination notes diminished to light touch and pinprick at the right S1 dermatomal distribution. The provider's treatment plan includes a MRI of the brain with referral to a stroke specialist; referral to a pain management specialist and a urine drug screen along with medications. At this time, he is requesting a MRI of the brain; Nalfon 400mg #90 and Prilosec 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the brain is not medically necessary. MRI scans are superior to CT scans for detection of intracranial pathology except for bone injuries such as fractures. Indications for MRI include, but are not limited to, determine neurologic deficits not explained by computed tomography; evaluate prolonged interval of disturbed consciousness; and to define evidence of acute changes superimposed on previous trauma or disease. In this case, the injured workers working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; right sacroiliac arthropathy; and status post lumbar fusion. The injured worker was evaluated and treated the requesting physician on three occasions. These office visits include January 12, 2015, February 12, 2015 and March 19, 2015. In the January 12, 2015 progress note, subjective complaints included residual pain over the right sacroiliac joint. The injured worker has intermittent buckling of both legs with a history of several falls. The injured worker had a computed tomography scan of the head in the emergency room that was reportedly normal. The ER physician told the injured worker she suffered a mild stroke. Medications prescribed include Nalfon, Paxil, Prilosec, Ultram, Norco and Restoril. Objectively, the injured worker has tenderness over the right SI joint with muscle spasm. Range of motion is decreased due to pain and stiffness. Motor and sensory examinations were normal. There was no neurologic mental status examination in the medical record. Subsequent progress notes dated February 12 and March 19, 2015 did not contain a mental status examination or cranial nerve evaluation. Consequently, absent neurologic deficits with a mental status examination documented on physical examination with a negative CAT scan as part of her work up an emergency department, MRI of the brain is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #90 is not medically necessary. Proton pump inhibitors are

indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured workers working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; right sacroiliac arthropathy; and status post lumbar fusion. The injured worker was evaluated and treated the requesting physician on three occasions. These office visits include January 12, 2015, February 12, 2015 and March 19, 2015. In the January 12, 2015 progress note, subjective complaints included residual pain over the right sacroiliac joint. The injured worker has intermittent buckling of both legs with a history of several falls. The injured worker had a computed tomography scan of the head in the emergency room that was reportedly normal. The ER physician told the injured worker she suffered a mild stroke. Medications prescribed include Nalfon, Paxil, Prilosec, Ultram, Norco and Restoril. Objectively, the injured worker has tenderness over the right SI joint with muscle spasm. Range of motion is decreased due to pain and stiffness. Motor and sensory examinations were normal. There was no neurologic mental status examination in the medical record. Subsequent progress notes dated February 12 and March 19 did not contain a mental status examination or cranial nerve evaluation. The documentation does not contain comorbid conditions or risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Additionally, Prilosec dosing is 20 mg once per day. The treating provider prescribed Prilosec 20 mg b.i.d. This dosing is incorrect and not clinically indicated. Consequently, absent clinical documentation with evidence of comorbid conditions or risk factors for gastrointestinal events (supra), Prilosec 20 mg #90 is not medically necessary. Omeprazole is a proton pump inhibitor.

Nalfon 400mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; right sacroiliac arthropathy; and status post lumbar fusion. The injured worker was evaluated and treated the requesting physician on three occasions. These office visits include January 12, 2015, February 12, 2015 and March 19, 2015. In the January 12, 2015 progress note, subjective complaints included residual pain over the right sacroiliac joint. The injured worker has intermittent

buckling of both legs with a history of several falls. The injured worker had a computed tomography scan of the head in the emergency room that was reportedly normal. The ER physician told the injured worker she suffered a mild stroke. Medications prescribed include Nalfon, Paxil, Prilosec, Ultram, Norco and Restoril. Objectively, the injured worker has tenderness over the right SI joint with muscle spasm. Range of motion is decreased due to pain and stiffness. Motor and sensory examinations were normal. There was no neurologic mental status examination in the medical record. Subsequent progress notes dated February 12 and March 19 did not contain a mental status examination or cranial nerve evaluation. The documentation shows the injured worker was started on Nalfon December 8, 2014. Subsequent documentation does not provide or demonstrate evidence of objective functional improvement with continued nonsteroidal anti-inflammatory use. The request for authorization is April 7, 2015. There was no attempt at weaning or reducing the dose of Nalfon 400mg. Consequently, absent clinical documentation with objective functional improvement to support ongoing Nalfon use, and attempt to wean or reduce the dose over the following four months, Nalfon 400 mg #90 is not medically necessary.