

Case Number:	CM14-0119166		
Date Assigned:	08/06/2014	Date of Injury:	07/10/2007
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who reported injury on 07/10/2007 caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, acupuncture sessions, epidural steroid injections, and nerve root blocks. Diagnostic studies were an MRI of the lumbar spine in 2013 and an MRI of the cervical spine done in 2007. Surgical history was a lumbar decompression surgery. The injured worker was evaluated on 07/31/2014 and the provider noted the injured worker had problems with her shoulder, low back, and neck. The provider noted the injured worker's MRI spine in 2013 showed decompression at L3-4, L4-5, and L5-S1 with foraminal stenosis and narrowing at these levels. She had an MRI of the neck showing disc disease from C3-7. Objective findings: Her blood pressure was 179/115 with pulse of 110. The injured worker needs to have her blood pressure controlled. She described pain as the reason for her blood pressure, which was probably the case, but that needs to be addressed better presently. In the interim, tenderness along the groin was noted with flexion and internal rotation causing pain. Tenderness along the lumbar spine was noted as well. Flexion was 40 degrees and tilting was 20 degrees. Deep tendon reflexes are symmetric and sensation was satisfactory in lower extremities. Diagnoses included discogenic cervical condition with disease from C3-7, the MRI done in 2007, discogenic lumbar condition status post hemilaminectomy from L3-S1 on the left with retrolisthesis noted from L1 and on each level, hip joint inflammation on the left, patellofemoral inflammation of the left knee, and element of stress, depression, anxiety, sleep dysfunction, weight gain, and hypertension. Medications included Norco, Sprix nasal spray, Meloxicam, Senna stool softener, and Flexeril. The Request for Authorization dated 07/06/2014 was for Sprix spray, Senna, MRI of the thoracic spine, and psychiatry referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPRiX Spray, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Sprix spray, qty: 1 is not medically necessary. Chronic Pain Medical Treatment Guidelines Recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documented submitted failed to indicate the efficacy of the Sprix spray. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for Sprix spray is not medically necessary.

Senna - Unspecified dosage, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76 v.

Decision rationale: The request for the Senna unspecified dosage, qty: 1 is not medical necessary. The Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The provider failed to indicate the injured worker having constipation issues. The provider failed to indicate outcome measurements Senna medication for the injured worker. Additionally, the request failed to include frequency, quantity and duration of medication. Given the above, the request for Senna is not medical necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back: Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request is for magnetic resonance imaging of the thoracic spine. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is not medically necessary.

Physiatry Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Chapter 7 Page 127.

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

Decision rationale: The request for physiatry not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted indicated the injured worker was improving however, had a recent relapse. Additionally, the provider did not indicate any failed pain medication for the injured worker. Given the above, the request physiatry referral is not medically necessary.