MAXIMUS Federal Services

Case Number:	CM14-0131968		
Date Assigned:	09/19/2014	Date of Injury:	01/10/2002
Decision Date:	10/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 52-year-old female who reported an injury on 01/10/2012. The mechanism of injury was a slip and fall. The injured worker's diagnoses included lumbago, displacement of a lumbar disc without myelopathy, and degeneration of the lumbar/lumbosacral intervertebral disc. The injured worker's past treatments included physical therapy, a home exercise program, and medications. Her diagnostic testing included x-rays of the lumbosacral spine and an MRI performed in 10/2013. There were no relevant surgeries included. On 08/14/2014, the injured worker complained of pain in her low back that radiates to the left buttock and into the groin. She reported the pain as constant and rated it at an 8/10 without medications and with her current medications, her pain is 5/10. She reported that she had recently started physical therapy. Upon physical examination, the injured worker was noted to have an antalgic gait due to left side pain and lower extremity strength at 4/5 on the left and 5/5 on the right. She was noted with decreased sensation to light touch, left to right, functional range of motion more restricted on left to the right. Her back range of motion is limited in all directions and tender to palpation. Her medications included Methadone 5 mg, Gabapentin 600 mg, Zanaflex 2 mg, and Arthrotec. The request was for Arthrotec #60 and a lumbar spine MRI. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROTEC #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI INFLAMMATORY MEDICATIONS Page(s): 22; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 70.

Decision rationale: The California MTUS Guidelines may recommend NSAIDS as an option for short term symptomatic relief for chronic low back pain. A Cochrane review of the literature on drug relief for low back pain suggested that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDS have more adverse effects than placebo and acetaminophen, but fewer effects than muscle relaxants and narcotic analgesics. Arthrotec may be indicated for treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing nsaid induced gastric or duodenal ulcers and their complications. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and with neuropathic pain. The injured worker complained of low back pain that radiated to the left buttock and entered the groin. She reported that with her current medications, her pain is a 5/10. The injured worker reported recently starting physical therapy. The documentation did not indicate if she was able to complete functions such as her activities of daily living at this level of pain. The injured worker has been using the medication since at least 01/09/2014, and there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. In the absence of documentation with evidence of significant objective functional deficits and efficacy of the medication, the request is not supported at this time. Additionally, the medication is recommended for short -term use. Furthermore, as the request is written, there was no dosage or frequency provided. Therefore, the request is not medically necessary.

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who did not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation indicated that there was an MRI performed in 10/2013, however, the body part was not specified. The Official Disability Guidelines note that repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. In the absence of documentation with evidence of significant neurological deficit, failed conservative

care to include physical therapy, home exercise, and medications, the previous MRI, the request is not supported at this time. Therefore, the request is not medically necessary.