

Case Number:	CM14-0139735		
Date Assigned:	09/05/2014	Date of Injury:	04/19/2003
Decision Date:	10/09/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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 Orthopedic Surgery 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 63-year-old male, who reported an injury on 04/19/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included discogenic lumbar condition, discogenic cervical condition, pain, facet arthropathy. The previous treatments included medication. The diagnostic testing included an MRI of the cervical spine, MRI of the lumbar spine in 2010. Within the clinical note dated 08/04/2014, it was reported the injured worker complained of shooting pain along the arms and legs with numbness and tingling along the upper and lower extremities. On the physical examination, the provider noted the range of motion of the neck was flexion at 20 degrees and extension at 20 degrees. The injured worker had positive facet loading. The provider noted the injured worker had tenderness along the lumbar spine. The provider requested Naproxen, Protonix to protect the stomach, Terocin patch, Lidopro cream, a neck traction with air bladder, an MRI of the low back, and nerve studies. Request for Authorization was submitted and dated 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x2 Naproxen 500 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The request for Meds x2 Naproxen 500 mg #60 is not medically necessary. According to the California MTUS Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend Naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing medication since at least 01/2014, which exceeds the guideline recommendation of short term use. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Protonix 20 mg #60: 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 GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Protonix, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65; history of peptic ulcer, gastrointestinal bleed, or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or a proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Meds x2 Terocin patches #30: 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 Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Meds times 2 Terocin patches #30 are not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are

amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

Lidopro Cream: 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 Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidopro Cream is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

Neck traction air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for Neck traction air bladder is not medically necessary. According to MTUS/ACOEM Guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, such as traction. There is lack of documentation indicating the injured worker's prior course of conservative therapy and the efficacy of the conservative therapy. There is lack of objective findings warranting the medical necessity for the neck traction. Additionally, the guidelines do not recommend the use of modalities such as traction. Therefore, the request is not medically necessary.

MRI low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for MRI low back is not medically necessary. The California MTUS Guidelines state that clinical objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a falsely positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation indicating neurological deficits of the lumbar spine, to include decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation of failure of conservative therapy. There is no indication of red flag diagnosis or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.

Nerve studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for nerve studies is not medically necessary. The California MTUS Guidelines recommend electromyography in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The guidelines recommend the failure of conservative treatment for at least 4 to 6 weeks. There is lack of documentation indicating significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The request submitted was not specific to the type of nerve studies to be performed. Therefore, the request is not medically necessary.