

Case Number:	CM14-0140562		
Date Assigned:	09/10/2014	Date of Injury:	03/21/2014
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 03/21/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar spine sprain/strain with possible internal derangement, right knee sprain/strain, possible tear, right gastrocnemius muscle. The previous treatments included medication and surgery. Within the clinical note dated 07/10/2014, it was reported the injured worker complained of constant pain and stiffness to his low back radiating into both hips. The injured worker also complained of pain to the right knee and calf radiating to the right ankle and foot. Upon the physical examination, the provider noted the injured worker had swelling over the right calf. The lumbar spine revealed tenderness to palpation over the paraspinal musculature of the lumbosacral spine with spasticity. The range of motion of the lumbar spine was limited. The injured worker has a positive McMurray's test on the right. Range of motion was noted to be 34 degrees of flexion, and 15 degrees of extension. The provider noted the injured worker had a positive straight leg raise bilaterally. The provider requested an MRI of the lumbar spine to rule out any internal derangement, Naproxen as an anti-inflammatory and Mobic as a muscle relaxant, topical Flurbiprofen, and topical Ketoprofen, and Prilosec. The Request for Authorization was submitted and dated on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

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

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

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that clinical objective findings that identify specific nerve compromise on the neurological exam 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 exam is less clear, however, further physiological evidence of nerve dysfunction should be obtained ordering an imaging study. Indiscriminate imaging will result in a false bi-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 a red flag diagnosis are being evaluated for. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of clinical documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.

Naproxen sodium 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288.

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

Decision rationale: The request for Naproxen sodium 550mg, #60 is not medically necessary. The California MTUS Guidelines note 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. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Mobic 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Mobic 7.5mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a

second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication for an extended period of time, since at least 07/2014, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Topical Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSIADs Page(s): 72, 111-112.

Decision rationale: The request for Topical Flurbiprofen is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow, or other joints that amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Flurbiprofen is indicated for osteoarthritis and mild to moderate pain. 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, treatment site, dosage and quantity of the medication. Therefore, the request is not medically necessary.

Topical Ketoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Topical Ketoprofen is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow, or other joints that 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, treatment site, dosage and quantity of the medication. Therefore, the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics.

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

Decision rationale: The request for Prilosec 20 mg #30 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Prilosec, are recommended for the patients at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65; history of peptic ulcer, gastrointestinal bleeding, 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 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 clinical documentation indicating the injured worker had diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.