

Case Number:	CM14-0146648		
Date Assigned:	09/12/2014	Date of Injury:	11/15/2003
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine and is licensed to practice in California. 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 46-year-old female who sustained an injury on November 15, 2003. She is diagnosed with (a) chronic persistent neck pain, left upper extremity pain; and (b) chronic low back pain, postlaminectomy syndrome with history of lumbar surgery in 2008. A magnetic resonance imaging scan of the lumbar spine with and without contrast from April 13, 2010 revealed postoperative changes at L5-S1 without evidence of recurrent disc degenerative spondylosis in the lower lumbar spine. She was seen on August 7, 2014 for an evaluation. She complained of ongoing neck pain radiating to the upper extremities and low back pain. Examination revealed ongoing tenderness over the cervical and lumbar paraspinal muscles. There were some taut bands of muscle on the left paraspinal with pinpoint tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg Quantity 60: Upheld

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

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

Decision rationale: The request for Opana 30 mg #60 is not medically necessary at this time. According to guidelines, the use of this medication is not recommended due to abuse. It has also been determined from the medical records that the injured worker has been taking Opana since April 2014. It should be noted long-term opioid therapy is not recommended by the guidelines, and therefore, the requested service is not medically necessary.

Prilosec 20mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, NSAIDs-GI symptoms & cardiovascular risk, Proton Pump Inhibitors

Decision rationale: Based on the reviewed medical records, the injured worker has been taking variety of medications, including ibuprofen, which gives the injured worker an upset stomach. According to guidelines, the use of proton pump inhibitors is recommended for those at risk for gastrointestinal events. As there was concurrent use of nonsteroidal anti-inflammatory drugs and a history of gastrointestinal event with its use, the clinical situation of the injured worker warrants the use of Prilosec 20 mg #60. The previous denial stated that the injured worker was prescribed with nonsteroidal anti-inflammatory drugs, which carries an inherent risk of subsequent gastrointestinal issues. Medical necessity for this gastrointestinal protective medication has been established. The request for Prilosec 20 mg #60 was modified to Prilosec 20 mg #30 to comply with once-daily dosage recommendations, and the request is now medically necessary.

8 Physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: A review of medical records revealed that the injured worker previously underwent physical therapy. There was lack of documentation of the injured worker's response to previous sessions of therapy. Therefore, the requested service is not medically necessary.

Norflex 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: A review of medical records revealed that the injured worker previously underwent physical therapy. There was lack of documentation of the injured worker's response to previous sessions of therapy. Therefore, the requested service is not medically necessary.

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic Resonance Imaging (MRI)

Decision rationale: Indications for the magnetic resonance imaging scan on the cervical spine were not met. Initial radiographs of the cervical spine are necessary before proceeding with magnetic resonance scan. This was not found in the reviewed medical records. The requested service for Magnetic resonance imaging (MRI) of the cervical spine is therefore not medically necessary.