MAXIMUS Federal Services

Case Number:	CM14-0183901		
Date Assigned:	11/10/2014	Date of Injury:	09/26/2013
Decision Date:	12/15/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 30-year-old male who reported injury on 09/26/2013. The mechanism of injury was not provided. The diagnoses included lumbosacral spondylosis without myelopathy and degeneration of the lumbar or lumbosacral intervertebral disc. Prior treatments were noted to include medications, activity modification, physical therapy, a lumbar corset, a home exercise program and medications. The injured worker underwent an MRI of the lumbar spine on 02/04/2014 which revealed at L4-5 the injured worker had a broad based posterior disc herniation indenting the thecal sac with concurrent hypertrophy and facet joints. The injured worker had a patent spinal canal and bilateral lateral recesses and bilateral neural foramen. The injured worker was noted to undergo a facet injection of L4-5 and L5-S1 on 05/06/2014. The injured worker's medication were noted to include Ultram ER 150 mg daily #60 for pain, Anaprox DS 1 tablet twice daily for inflammation and Prilosec 20 mg 1 tablet twice a day for GI upset from the NSAIDS as recently as 05/2014. The documentation of 09/17/2014 revealed the injured worker had continuing severe back pain and bilateral leg pain. The physical examination revealed a painful limited range of motion. The injured worker had a positive Lasegue's bilaterally and a positive straight leg raise bilaterally at 60 degrees. The injured worker had tenderness to palpation over the facet joints and pain with flexion and extension as well as pain with axial loading. The injured worker had severe spasms in the lumbar spine and a positive straight leg raise on the left to 60 degrees causing right leg radiating pain. The treatment plan included a continuation of the medications Ultram ER 150 mg 2 tablets #60 for pain, Anaprox DS 1 tablet twice a day #60 for inflammation and Prilosec 20 mg 1 tablet twice a day for GI upset from the NSAID as well as continuation of a home exercise program and an epidural steroid injection times 2. There was a Request for Authorization submitted dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 78-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing Management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 05/2014. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram ER 150mg, #60 is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors injured workers who are intermediate and high risk for gastrointestinal events. Additionally, injured workers it is recommended that injured workers utilize proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 05/2014. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

LESI (Lumbar Epidural Steroid Injection) x2 L4-S1 Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steriod Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy that are corroborated by electrodiagnostic

studies and/or imaging studies. There should be documentation of a failure of conservative care including exercise, physical therapy, medications, muscle relaxants and NSAIDS. There was a lack of documentation of the above criteria. There was a lack of documentation of objective findings upon MRI to support the necessity. There was a lack of documentation of objective findings of radiculopathy upon physical examination. There was a lack of documentation indicating a necessity for 2 injections. Given the above, the request for lumbar epidural steroid injection times 2 L4-S1 is not medically necessary.