

Case Number:	CM14-0095843		
Date Assigned:	07/25/2014	Date of Injury:	01/23/2010
Decision Date:	10/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on January 23, 2010. The request is retrospective in the supporting progress note, dated January 13, 2014, indicates that there were ongoing complaints of neck and low back pain as well as stress, anxiety, and depression. The physical examination demonstrated tenderness and spasm in the cervical paraspinal musculature bilaterally, decreased range of motion of the cervical spine, spasm over the bilateral lumbar paraspinal muscles, and diminished range of motion of the lumbar spine as well as decreased motor strength in the lower extremities bilaterally. A positive Valsalva maneuver, Kemp's test, supine straight leg raise, and minors sign is noted. Diagnostic imaging studies are not identified in the encounter note provided; a notation in the medical record is made of no electrodiagnostic studies. Previous treatment includes pharmacotherapy, including antidepressants, physical therapy, activity modification, and TENS therapy. A request had been made for a surgical spine consultation, Cyclobenzaprine, tramadol ER, and omeprazole and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical spine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305,306.

Decision rationale: The ACOEM Guidelines support surgical consultation for individuals with disabling leg symptoms in the distribution consistent with abnormalities on imaging studies, and preferably with accompanying objective signs of neural compromise, progression of symptoms, and clear clinical imaging and electrodiagnostic evidence of a lesion that is shown to benefit, in the short and long-term, from surgical repair when conservative treatment has failed to resolve the disabling symptoms. Multiple comorbid conditions are potential indicator of poor surgical candidates. The record indicates a clinical presentation of diffuse pain that does not correlate with the specific nerve root distribution. Other necessary clinical documentation to substantiate the pain generator for which surgical intervention is being sought is also not referenced in the medical record, including progression of lower extremity symptoms, or electrodiagnostic/imaging studies, in addition to objective findings to support the diagnosis. In the absence of the appropriate documentation that would support for this individual would benefit from surgical intervention, this request is considered not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, and the duration that the claimant has been on the requested muscle relaxant, the guidelines do not support this request for a muscle relaxant for chronic pain. As such, the request is not medically necessary.

Tramadol ER 150mg #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 Page(s): 93,94.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of Tramadol (Ultram) for short-term treatment of moderate to severe pain after there is been evidence of failure of a first-line option and documentation of improvement in pain and function with the medication. Given the claimant's date of injury, clinical presentation and current diagnosis, and considering that failure of a first-line option and objective documentation of improvement in pain and function with the requested medication is not noted, the guidelines do not support the use of this medication. As such, this request is not considered medically necessary.

Omeprazole 20mg #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 Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records references a diagnosis of gastritis, and a history of irritable bowel syndrome. The record also references multiple gastrointestinal prescription and over-the-counter medications have been used. The clinical encounter accompanying this request does not document the efficacy of the sustained use of this medication. As such, this request is not considered medically necessary.