

Case Number:	CM14-0098830		
Date Assigned:	07/28/2014	Date of Injury:	12/11/2012
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation, 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 45-year-old female who reported injury on 12/11/2012. The injured worker had an MRI of the lumbar spine. The surgical intervention included a microdiscectomy. The injured worker underwent x-rays of the lumbar spine. The injured worker underwent physical therapy. The injured worker's medication history included Motrin and Norco since at least 12/2013. The documentation of 05/13/2014 revealed the injured worker had belt like lumbar and pelvis pain radiating around the front and down the inner thighs. The injured worker was noted to have trouble sleeping because of pain. The injured worker's medications were noted to include Norco 5/325 mg tablets, Omeprazole 20 mg capsules, Motrin 600 mg tablets, Lidoderm 5% adhesive patches and Tizanidine 2 mg capsules as of 01/30/2014. The physical examination revealed the injured worker had positive tenderness to palpation in the left L5-S1 facet area. The injured worker had reduced range of motion on the right hip with internal rotation as compared to the left. There was tenderness to palpation in the groin area on the right. The diagnoses included degenerative lumbar intervertebral disc, lumbar radiculopathy, pain in limb, and pain in joint, pelvis, and thigh. Additionally, the treatment plan included Vimovo 500/20 #60 with refills. The drug was noted to be utilized secondary to an intolerance of Motrin with GI side effects and an intolerance to Celebrex, Valium was prescribed for night time spasms, and Cymbalta for chronic pain with 1 after the morning meal. The additional treatment plan included an MRI of the lumbar spine, and x-rays of the lumbar spine with flexion and extension views, x-rays of the hips bilaterally. There were detailed Request for Authorization forms submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Valium 5mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for injured workers with chronic pain for longer than 4 weeks, due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was a lack of documentation of objective functional benefit and documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for prospective use of Valium 5 mg #20 is not medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary last updated 02/13/2014.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that unequivocal objective findings that identifies specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon examination to support the necessity for an MRI. While this was a repeat MRI, the prior MRI was before the last surgery. The surgical intervention was approximately 3 months before the office visit. There was a lack of documentation of exceptional factors and rationale to support the necessity for an MRI. Given the above, the request for magnetic resonance imaging (MRI) of the lumbar spine without contrast is not medically necessary.

X ray of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Procedure Summary last updated 03/25/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray.

Decision rationale: The Official Disability Guidelines indicate that plain radiographs of the pelvis should be routinely obtained in injured workers sustaining a severe injury and they are also valuable for identifying injured workers with a high risk of development of hip osteoarthritis. The clinical documentation submitted for review indicated the injured worker had pain upon examination and tenderness to palpation in the groin area on the right thigh. However, there was a lack of documented rationale for the requested x-ray of the left hip. Given the above, the request for x-ray of the left hip is not medically necessary.

Vimovo 500/20 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated 5/15/2014.

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

Decision rationale: The Official Disability Guidelines recommend Vimovo after a trial of omeprazole and naproxen. The clinical documentation submitted for review indicated the injured worker was utilizing omeprazole and Motrin. There was a lack of documentation of failure of the therapy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Vimovo 500/20 #60 is not medically necessary.