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| Case Number: | CM15-0016165 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 01/07/2003 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old female who reported an injury on 01/07/2003. The mechanism of injury was not provided. The current diagnoses include radiculopathy in the upper extremity, lumbosacral spondylosis, and lumbar disc displacement. The injured worker presented on 01/05/2015 with complaints of right knee symptoms. It was noted that the injured worker had a history of total knee arthroplasty on the left. The injured worker ambulated with a cane for assistance. Upon examination, there was positive Apley's test. Recommendations included a total knee replacement on the right, an MRI of the lumbar spine, and prescriptions for acetaminophen with codeine No. 3 and omeprazole 20 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine without the use of contrast material, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. In this case, there was no documentation of a comprehensive physical examination of the lumbar spine. There was no mention of neurological symptoms or motor deficit. There was also no documentation of a recent attempt at any conservative treatment prior to the request for an imaging study for the lumbar spine. Given the above, the request is not medically appropriate.

Omeprazole (delayed release) 20mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

Tylenol #3, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Opioids, Criteria for Use Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: California MTUS Guidelines recommend codeine as an option for mild to moderate pain as indicated. It is used as a single agent or in combination with acetaminophen for treatment of mild to moderate pain. In this case, it was noted that the injured worker had previously utilized ibuprofen 800 mg. There is no documentation of a failure of first line treatment prior to the initiation of Tylenol with codeine. There is no frequency listed in the request. Given the above, the request is not medically appropriate.