

Case Number:	CM15-0047907		
Date Assigned:	04/14/2015	Date of Injury:	08/16/2001
Decision Date:	06/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/13/2015

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

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 62 year old male, who sustained an industrial injury on August 16, 2001. The diagnoses have included cervical spine sprain/strain, right shoulder sprain/strain, right groin sprain/strain, lumbago, bilateral knee sprain/strain, chronic pain syndrome, post-laminectomy syndrome lumbar, pain in joint of the shoulder and cervical disc displacement. Treatment to date has included medications, radiological studies, implantable Morphine pump, electrodiagnostic studies, physical therapy, lumbar spine surgery and status post hardware removal. Current documentation dated March 5, 2015 notes that the injured worker reported increased neck and low back pain, which radiated to the extremities. Physical examination of the lumbar spine revealed a painful and restricted range of motion. A straight leg raise test was noted to be positive. The treating physician's plan of care included a request for a consultation with a dentist, aquatic therapy # 12, one intramuscular injection of Toradol 60 mg, one prescription of Ultram 50 mg, one prescription of Lyrica 75 mg, unknown prescription of Alprazolam and unknown prescription of Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation with a dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there is a lack of documentation of subjective or objective findings consistent with the presentation of a significant abnormality to support the necessity for a dental consultation. As the medical necessity has not been established, the request is not medically necessary at this time.

12 Sessions of Aquatic Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. Aquatic therapy is recommended where reduced weight bearing is desirable. In this case, there is no indication that this injured worker requires reduced weight bearing. There is no mention of a contraindication to land based physical therapy. In addition, the request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically necessary.

IM Injection of Toradol 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state ketorolac is not recommended for minor or chronic painful conditions. In this case, the injured worker has been previously treated with an IM injection of Toradol 60 mg. There is no evidence of objective functional improvement following previous procedures. Therefore, the request for an additional injection would not be supported. As such, the request is not medically necessary at this time.

1 prescription of Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has continuously utilized the above medication since at least 09/2014 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

1 prescription of Lyrica 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. However, it is noted that the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. The injured worker presented with complaints of increased pain with radiating symptoms. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Unknown prescription of Alprazolam: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker is also prescribed Temazepam. The medical necessity for 2 separate benzodiazepines has not been established in this case. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.

Unknown prescription of Temazepam: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The injured worker is also prescribed alprazolam. The medical necessity for 2 separate benzodiazepines has not been established in this case. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.