

Case Number:	CM15-0095991		
Date Assigned:	05/22/2015	Date of Injury:	04/17/2013
Decision Date:	06/26/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency Medicine

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 60 year old female, who sustained an industrial injury on 4/17/13. Initial complaints were not reviewed. The injured worker was diagnosed as having elbow sprain; great toe injury; lumbar sprain; ankle/foot sprain/strains. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 5/4/15 indicated the injured worker presented on this date for a follow-up check. She complained the medications was causing stomach pain and GI upset but no bloody stool. The documentation notes "stated that adjuster never received PT [physical therapy] request but would like to be treated with cervical, left knee, lumbar and right ankle." She has a clinical history of diabetes and is seeing a podiatrist for he left great toe. Other injuries include low back pain, left elbow strain and right ankle sprain, depression as well is being treated with Psychiatry. A multidisciplinary evaluation is pending. Currently she complains of pain in the head, neck, upper back, shoulders, arms, elbow, wrists and hands. She complains of pain in the lower back is getting worse, knees, ankles and feet with radiating pain to the right leg. The pain is associated with numbness and tingling in the hands. It is noted the pain is frequent and moderate in intensity with a pain scale of 5/10 at its best and 9/10 at its worst. The past seven days the pain level has been at 7/10. It is relieved by medications and rest. Objective notes not much improvement since last visit with bilateral knees and right elbow: only bruised/trace edema but FROM and sensation intact. She ambulates with an assistive device with an antalgic gait pattern and sits uncomfortably. The physical examination reviews the cervical spine with negative findings. The lumbar spine reveals range of motion/rotation is limited with tenderness over the bilateral lumbar-paraspinal muscles. She has

positive lumbar facet loading maneuver bilaterally with negative straight leg raise bilaterally in seated position. Bilateral knee examination reveals full range of motion, tenderness to palpation over the medial and lateral joint lines on the left. Her sensory examination notes diminished sensation in the bilateral L4-L5 dermatomes of the lower extremities. The provider's treatment plan includes a request for a GI consultation for stomach pain and GI upset, physical therapy. He has also requested a MRI lumbar spine and Tramadol 50mg; Omeprazole 20mg and Methyl Salicylate 15%.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com; Section, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The requested MRI Scan of the Lumbar Spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain in the lower back is getting worse, knees, ankles and feet with radiating pain to the right leg. The pain is associated with numbness and tingling in the hands. It is noted the pain is frequent and moderate in intensity with a pain scale of 5/10 at its best and 9/10 at its worst. The past seven days the pain level has been at 7/10. It is relieved by medications and rest. Objective notes not much improvement since last visit with bilateral knees and right elbow: only bruised/trace edema but FROM and sensation intact. She ambulates with an assistive device with an antalgic gait pattern and sits uncomfortably. The physical examination reviews the cervical spine with negative findings. The lumbar spine reveals range of motion/rotation is limited with tenderness over the bilateral lumbar-paraspinal muscles. She has positive lumbar facet loading maneuver bilaterally with negative straight leg raise bilaterally in seated position. Bilateral knee examination reveals full range of motion, tenderness to palpation over the medial and lateral joint lines on the left. Her sensory examination notes diminished sensation in the bilateral L4-L5 dermatomes of the lower extremities. The treating physician has not documented a positive straight leg raising test. The criteria noted above not having been met, MRI Scan of the Lumbar Spine is not medically necessary.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the lower back is getting worse, knees, ankles and feet with radiating pain to the right leg. The pain is associated with numbness and tingling in the hands. It is noted the pain is frequent and moderate in intensity with a pain scale of 5/10 at its best and 9/10 at its worst. The past seven days the pain level has been at 7/10. It is relieved by medications and rest. Objective notes not much improvement since last visit with bilateral knees and right elbow: only bruised/trace edema but FROM and sensation intact. She ambulates with an assistive device with an antalgic gait pattern and sits uncomfortably. The physical examination reviews the cervical spine with negative findings. The lumbar spine reveals range of motion/rotation is limited with tenderness over the bilateral lumbar-paraspinal muscles. She has positive lumbar facet loading maneuver bilaterally with negative straight leg raise bilaterally in seated position. Bilateral knee examination reveals full range of motion, tenderness to palpation over the medial and lateral joint lines on the left. Her sensory examination notes diminished sensation in the bilateral L4-L5 dermatomes of the lower extremities. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg is not medically necessary.

Omeprazole 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg, is medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain in the lower back is getting worse, knees, ankles and feet with radiating pain to the right leg. The pain is associated with numbness and tingling in the hands. It is noted the pain is frequent and moderate in intensity with a pain scale of 5/10 at its best and 9/10 at its worst. The past seven days the pain level has been at 7/10. It is relieved by medications and rest. Objective notes not much improvement since last visit with bilateral knees and right elbow: only bruised/trace edema but FROM and sensation intact. She ambulates with an assistive device with an antalgic

gait pattern and sits uncomfortably. The physical examination reviews the cervical spine with negative findings. The lumbar spine reveals range of motion/rotation is limited with tenderness over the bilateral lumbar-paraspinal muscles. She has positive lumbar facet loading maneuver bilaterally with negative straight leg raise bilaterally in seated position. Bilateral knee examination reveals full range of motion, tenderness to palpation over the medial and lateral joint lines on the left. Her sensory examination notes diminished sensation in the bilateral L4-L5 dermatomes of the lower extremities. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has documented medication-induced GI complaints. The criteria noted above having been met, Omeprazole 20mg is medically necessary.

Methyl Salicylate 15%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Methyl Salicylate 15%, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants". The injured worker has pain in the lower back is getting worse, knees, ankles and feet with radiating pain to the right leg. The pain is associated with numbness and tingling in the hands. It is noted the pain is frequent and moderate in intensity with a pain scale of 5/10 at its best and 9/10 at its worst. The past seven days the pain level has been at 7/10. It is relieved by medications and rest. Objective notes not much improvement since last visit with bilateral knees and right elbow: only bruised/trace edema but FROM and sensation intact. She ambulates with an assistive device with an antalgic gait pattern and sits uncomfortably. The physical examination reviews the cervical spine with negative findings. The lumbar spine reveals range of motion/rotation is limited with tenderness over the bilateral lumbar-paraspinal muscles. She has positive lumbar facet loading maneuver bilaterally with negative straight leg raise bilaterally in seated position. Bilateral knee examination reveals full range of motion, tenderness to palpation over the medial and lateral joint lines on the left. Her sensory examination notes diminished sensation in the bilateral L4-L5 dermatomes of the lower extremities. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Methyl Salicylate 15% is not medically necessary.