

Case Number:	CM14-0144931		
Date Assigned:	09/12/2014	Date of Injury:	02/18/2010
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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 66 year old male who sustained an injury on 02/18/10 when he was struck on the head by a heavy baseboard. The injured worker has been followed for complaints of chronic low back pain which had persisted despite medications and chiropractic therapy. The injured worker also described pain radiating to the lower extremities. The injured worker described that with pain medications there was about 50% relief of pain symptoms. No adverse side effects were reported or any aberrant medication use. As of 07/02/14, the injured worker's physical exam noted loss of lumbar range of motion with positive straight leg raise testing to the right at 70 degrees. There was a mildly antalgic gait. No specific neurological findings were noted. The requested consult and medications were denied on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery/Neurosurgery Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: The clinical documentation does not provide any prior imaging that would identify any particular condition that is currently contributing to the injured worker's chronic condition that would support a surgical consult. The injured worker's condition does appear to be stable without any indications of worsening neurological findings that would support a referral. At this point, it is unclear what additional information would be provided by the referral at this time that would help delineate the injured worker's treatment. As such, Spine Surgery/Neurosurgery Consultation is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The most recent documentation provided for review does not identify any particular objective findings to support magnetic resonance image (MRI) studies for an injury now more than 4 years old. The injured worker does not present with any particular red flags or any ongoing progressive/severe neurological deficits that would support MRI studies at this point in time for the lumbar spine. As such, MRI of the Lumbar Spine is not medically necessary.

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

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, Zolpidem

Decision rationale: The use of Ambien to address insomnia is recommended for short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the Food and Drug Administration has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the injured worker's overall functional condition. As such, 30 Ambien 10mg is not medically necessary.

30 Zanaflex 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Muscle Relaxants (for pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, 30 Zanaflex 4mg is not medically necessary.

Omeprazole 20mg: Upheld

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

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, proton pump inhibitors

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of Gastroesophageal reflux disease. As such, Omeprazole 20mg is not medically necessary.

Menthoderm Cream #4oz: 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 Topical analgesics Page(s): 111-113.

Decision rationale: In regards to the use of Menthoderm topical analgesics, this reviewer would not have recommended this request as medically appropriate. Topical analgesics can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Furthermore, this medication is readily available over-the-counter and does not require a prescription. Therefore, Menthoderm Cream #4oz is not medically necessary.