

<b>Case Number:</b>	CM14-0154162		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 General Surgery and is licensed to practice in Texas. 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 male who reported an injury on 12/11/2001 due to an injury to his neck and back while positioning a window; he bent down and was unable to get back up. The injured worker complained of neck and back pain. The injured worker had diagnoses of status post hardware removal, post lumbar interbody fusion, failed low back syndrome with possible segmental instability at the L3-4, blurred vision, cervical disc lesions, headaches, right knee internal derangement secondary to fall due to the leg giving way, and right inguinal hernia. The diagnostics included a CT scan of the lumbar spine, x-rays of the lumbar spine, MRI of the lumbar spine and an EMG of the lower extremities. The past treatments included aquatic therapy, physical therapy, chiropractic therapy, and medication. The prior surgeries included a lumbar fusion at the L4-S1. Medications included Norco 10/325, Nucynta ER 50 mg, Treximet, Zanaflex, Neurontin, and Nexium. The objective findings dated 09/17/2014 to the lumbar spine revealed a well healed incision noted posteriorly at the lower lumbar spine from the L4-S1, range of motion with flexion was 30 degrees and extension was 10 degrees and bending at the right and to the left was 15 degrees. Tenderness was present over the paraspinal musculature with paraspinal spasms. Hypoesthesia was noted at the anterolateral aspect of the foot and ankle of an incomplete nature. Positive straight leg raise test bilaterally, facet joint tenderness bilaterally. The treatment plan included hot/cold unit, DVT compression, back brace, front wheel walker, 3 in 1 commode, continuous home health care, and medications. The Request for Authorization dated 09/23/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 hot/cold contrast unit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Hot packs

**Decision rationale:** The request for 1 hot/cold contrast unit is not medically necessary. The Official Disability Guidelines recommend as an option for acute pain, at home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low back pain is more limited than heat therapy, with only 3 poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The clinical notes indicated that the injured worker possibly may have surgery and would like it for future use; however, the documentation does not indicate whether the surgery has been scheduled. As such, the request is not medically necessary.

**1 DVT compression: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Venous thrombosis

**Decision rationale:** The request for 1 DVT compression is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate that risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. They primarily recommend mechanical methods of VTE prophylaxis. Although mechanical methods do reduce the risk of deep vein thrombosis, there is no evidence that they reduce the main threat, the risk of pulmonary embolism. As such, the request is not medically necessary.

**1 pain management consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and employment, page 56

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management referral.

**Decision rationale:** The request for 1 pain management consultation is not medically necessary. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provided no evidence that the current treatment is not effective for the injured worker. Based on the submitted documentation reviewed and the medical guidelines, a pain management consultation is not indicated. As such, the request is not medically necessary.

### **1 Toradol injection 60mg IM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-72.

**Decision rationale:** The request for 1 Toradol injection 60mg IM is not medically necessary. The California MTUS indicates that toradol is not indicated for minor or chronic painful conditions. As such, the request is not medically necessary.

### **1 Prescription of Nucynta ER 50mg #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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

**Decision rationale:** The request for 1 prescription of Nucynta ER 50mg #60 is not medically necessary. The California MTUS recommends that there should be documentation of the 4 A's as ongoing monitoring includes analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical notes did not indicate that the injured worker was assessed for the aberrant drug taking behavior or any functional measurements or functional deficits. The request did not indicate the frequency. As such, the request is not medically necessary.

### **1 Prescription of Nexium 40mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

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

**Decision rationale:** The request for 1 prescription of Nexium 40mg #30 is not medically necessary. The California MTUS recommends proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: greater than age 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulants or high dose/multiple nonsteroidal anti-inflammatory medications. The recent clinical note did not indicate the injured worker had any complaints of gastrointestinal events. The injured worker did not have a history of peptic ulcer or perforation. As such, the request is not medically necessary.