

Case Number:	CM13-0011523		
Date Assigned:	04/23/2014	Date of Injury:	08/17/2010
Decision Date:	08/15/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 06/20/2013 while setting up a cubicle. On 04/10/2014, the injured worker presented with left-sided pain to her low back. Current medications include Ultracet, Relafen, baclofen, Prilosec, Neurontin, and Colace. Upon examination, the injured worker had reduced range of motion to the lumbar spine, upon extension there was pain elicited and tenderness to palpation. The diagnosis was aggravation of her low back since twisting injury. The provider recommended physical therapy, chiropractic therapy, Prilosec and Neurontin. The provider recommended physical therapy due to aggravation. The request for authorization form for physical therapy was dated 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LOW BACK RIGHT ANKLE AND RIGHT WRIST QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for physical therapy for the low back, right ankle and right wrist with a quantity of 8 is non-certified. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior request for physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, there is no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request did not indicate the frequency and the requested physical therapy visits in the request as submitted. As such, the request is not medically necessary.

CHIROPRACTIC FOR LOW BACK QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic for low back, qty 8, is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of functional objective improvement, a total of up to 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Additionally, the provider's request does not indicate the frequency of the chiropractic visits in the request as submitted. As such, the request is not medically necessary.

PRILOSEC 20MG (DISPENSED 07/25/2013) QTY:30.00: Upheld

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

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

Decision rationale: The request for Prilosec 20 mg (dispensed 07/25/2013) with a quantity of 30 is non-certified. The California MTUS Guidelines recommend proton pump inhibitors for

injured workers at risk for gastrointestinal events. The included documentation lacked evidence of the injured worker presenting with gastrointestinal complaints. There is no history of peptic ulcer, GI bleed or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Additionally, the injured worker was prescribed Prilosec since at least 07/25/2013. The efficacy of the medication was not provided. The provider's request did not indicate the frequency of the medication and the request as submitted. As such, the request is not medically necessary.

NEURONTIN 400MG (DISPENSED 07/25/13) QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18.

Decision rationale: The request for Neurontin 400 mg (dispensed 07/25/2013) with a quantity of 90 is non-certified. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The provided documents did not indicate that the injured worker had a diagnosis that would be congruent with the guideline recommendation. Additionally, the injured worker has been prescribed Neurontin since at least 07/25/2013, the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.