

Case Number:	CM13-0019696		
Date Assigned:	10/11/2013	Date of Injury:	06/22/2012
Decision Date:	03/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and 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 physician 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.

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 patient reported an injury on 06/22/2012. The patient has persistent low back pain radiating to the lower extremities. The patient does have a history of lumbar fusion in 2010. The patient has been treated conservatively with chiropractic care, acupuncture, physical therapy, and medications. The patient underwent an MRI that revealed diffuse disc bulging at the L3-4 and L5-S1 without central canal stenosis or nerve root impingement. The patient underwent radiofrequency lesioning at the L3, L2, and L4 medial branches in combination with trigger point injections. The patient's medications included Flexeril 5 mg, Norco 325/7.5 mg. The patient's most recent physical exam findings included tenderness to palpation in the lumbosacral spine with evidence of spasming. The patient had a negative straight leg raising test and no evidence of disturbed sensation. The patient's diagnoses included back pain, myalgias, and lumbar postlaminectomy syndrome. The patient's treatment plan was to receive additional trigger point injections and continue medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #90: 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 NSAIDs GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Pantoprazole 20 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient at bedtime a history of GI upset without the use of a proton pump inhibitor in relation to nonsteroidal anti-inflammatory drug usage. However, the concurrent request for nonsteroidal anti-inflammatory drugs is not medically indicated at this time. Therefore, the use of a proton pump inhibitor would not be indicated. Additionally, Pantoprazole is not considered a first-line treatment. There is no documentation that the patient has failed to respond to Omeprazole or misoprostol. As such, the requested Pantoprazole 20 mg #90 is not medically necessary or appropriate.

Naproxen Sodium 550 mg #90: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: The requested Naproxen Sodium 550 mg #90 is not medically necessary or appropriate. The patient did have an acute exacerbation of pain. California Medical Treatment Utilization Schedule states that nonsteroidal anti-inflammatory drugs are "recommended as a second-line treatment after acetaminophen." The clinical documentation submitted for review does indicate that the patient is on a combination drug that contains acetaminophen. Therefore, additional acetaminophen would be contraindicated. However, the clinical documentation does not address why the patient's current medication schedule could not control the patient's pain. There was no documentation of a significant limitation in functional capabilities that would support the need for additional medication. As such, the requested Naproxen Sodium 550 mg #90 is not medically necessary or appropriate.

Acupuncture 2x6 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 2x6 for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has already undergone 6 visits of acupuncture. California Medical Treatment Utilization Schedule does recommend the continuation of acupuncture based on functional improvement and decreased pain. Clinical documentation submitted for review does provide evidence that the patient has had an increase in range of motion and an ability to tolerate and increase in physical activity. However, California Medical Treatment Utilization Schedule recommends 3 to 6 treatments for documentation of functional improvement. The requested 12 acupuncture treatments exceed this recommendation. Therefore, this request does not allow for timely

evaluation to determine efficacy of continued treatment. As such, the requested acupuncture 2 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate

Hydrocodone 7.5/650mg #60: 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 Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Hydrocodone 7.5/650 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative pain assessment showing relief from medication usage, documentation of functional benefit, managed side effects, and documentation of monitoring for aberrant behavior. The clinical documentation submitted for review does provide a quantitative assessment that indicates the patient does have pain relief and functional benefit as a result of this medication. However, the clinical documentation submitted for review does not provide any evidence that the patient is monitored for aberrant behavior. Therefore, continued use would not be indicated. As such, the requested Hydrocodone 7.5/650 mg #60 is not medically necessary or appropriate

Cyclobenzaprine 7.5mg #90: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 7.5 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule only recommends the use of muscle relaxants for short courses of treatment for acute exacerbations of pain and muscle spasms. The clinical documentation submitted for review does not provide any evidence that the patient has had an acute exacerbation of pain. Although it is noted that the patient has decreased lumbar paraspinal spasming, long-term treatment with this medication is not supported by guideline recommendations. Therefore, Cyclobenzaprine 7.5 mg #90 is not medically necessary or appropriate.