

Case Number:	CM13-0021805		
Date Assigned:	11/13/2013	Date of Injury:	11/04/2004
Decision Date:	02/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine, and is licensed to practice in California. 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 4, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxant; transfer of care to and from various providers in various specialties; attorney representation; prior lumbar fusion surgery; epidural steroid injection therapy; topical compounds; and topical pain patches. It does not appear that the applicant has returned to work. In a utilization review report of August 20, 2013, the claims administrator denied a request for pool therapy, denied a request for Prilosec, denied a request for Naprosyn, denied a request for Norflex, and denied a request for tramadol. The applicant's attorney subsequently appealed. An earlier progress note of August 8, 2013 is notable for comments that the applicant reports 5 to 6/10 pain. She is on tramadol without any side effects, it is stated. She apparently had an adequate response to an epidural injection. She is asked to employ Norflex, Prilosec, Naprosyn, Lidoderm patches, and tramadol. It is stated that the applicant has been unable to tolerate Neurontin. It is stated that the applicant was unable to obtain Lyrica for an unknown reason. The applicant's work status is not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy, ten (10) sessions over six (6) weeks for treatment to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: As noted on the page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants who are unable to perform land-based therapy or land-based exercises as, for example, those individuals with extreme obesity. In this case, however, there is no clear mention of why the applicant cannot perform land-based therapy and/or land-based exercises. The applicant's height and weight were not documented on any recent office visit provided. Therefore, the request is not certified.

Omeprazole 20mg: 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 Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID induced dyspepsia. In this case, however, the documentation on file does not suggest the presence of any active symptoms or issues with dyspepsia, either NSAID induced or standalone. Therefore, the request is not certified.

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as Naprosyn are the traditional first-line of treatment for chronic low back pain, in this case, however, the applicant has been using Naprosyn chronically and has failed to demonstrate any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant has failed to return to work and remains highly reliant on various medical treatments, including analgesic medications, adjuvant medications, epidural steroid injections, etc., implies a lack of functional improvement as defined in section 9792.20f. Therefore, the request is not certified.

Orphenadrine 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants, such as orphenadrine or Norflex are recommended with caution as a second line treatment for acute exacerbations of chronic pain. In this case, however, the attending provider seemingly tends to employ Norflex in conjunction with other medications on a scheduled or long-term basis. This is not indicated. As with the many other medications, the applicant has failed to clearly demonstrate any lasting benefit or functional improvement as defined by the measures established in MTUS 9792.20f through prior usage of Norflex. The applicant does not appear to have returned to work. There is no evidence of improved performance of non-work activities of daily living or reduction in dependence on medical treatment effected as a result of prior Norflex usage. Therefore, the request is not certified.

Tramadol 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant meets the aforementioned criteria. The applicant does not appear to have returned to work. There is no clear evidence of reduction in pain scores or improved performance of non work activities of daily living effected as a result of tramadol usage. Therefore, the request is likewise not certified, in on independent medical review.