

Case Number:	CM13-0032650		
Date Assigned:	12/11/2013	Date of Injury:	09/18/2012
Decision Date:	12/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 50-year-old male who reported an injury on 09/18/2012. The mechanism of injury was not provided. The patient's diagnoses include lumbar spine sprain/strain, rule out lumbar HMP/radiculopathy. Past medical treatment included injections to the lumbar spine in 2013, physical therapy times 24 sessions which helped minimally, acupuncture therapy times 16 sessions, helped minimally. Diagnostic testing included x-rays/MRI studies, EMG/NCS. Surgical history was not provided. The injured worker complained of neck and low back pain rating the pain a 7/10 on the pain scale. The injured worker denies radiation of pain, numbness and tingling into the bilateral upper extremities. He describes tingling sensation into the right leg to the right lateral thigh, but denies radiation of pain or tingling. The pain is worsened with repetitive bending activities and prolonged activity including walking. The physical examination revealed decreased sensory to right C6-7 and C8 dermatomes. Motor strength revealed 4+5 right bicep, deltoid, tricep, wrist flexion/extension, grip strength; exam limited by pain. There was 5/5 throughout left upper extremity, 4+/5 right AHL, tibialis anterior, inversion with eversion and plantar flexion. Medications were not provided. The treatment plan is for urine toxicology, physical therapy 3 times a week for 6 weeks, Prilosec 20 mg #90. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addiction(tests)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Differentiation: Dependence & Addiction Page(s): 85.

Decision rationale: The California/ACOEM guidelines state URINE TOXICOLOGY is the criteria used to define serious substance mis-use in a multi-disciplinary pain management program: cocaine or amphetamines on urine toxicology screen, positive cannabinoid was not considered serious substance abuse, procurement of opioids from more than one provider on a regular basis, diversion of opioids, urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion and urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. There is no documentation of the injured worker being on a current medication regimen. Therefore the request for Urine Toxicology is not medically necessary.

Physical Therapy, 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. The request did not include the body part the therapy is requested for. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. In addition, the request for 18 sessions exceeds the guideline recommendations. Therefore the request for Physical Therapy, 3 times a week for 6 weeks is not medically necessary.

Prilosec 20mg, #90: 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 NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI

bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is lack of documentation provided indicating the injured worker is on an NSAID or at risk for gastrointestinal event. In addition, the request fails to specify the frequency. Therefore, the request is not medically necessary.

Xanax 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Benzodiazepines, Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: The California MTUS guidelines state Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. There was no documentation of an anxiety disorder. Additionally, the request does not indicate the frequency at which the medication is prescribed or the quantity of the medication being requested. Therefore, the request for Xanax 1mg is not medically necessary.