MAXIMUS Federal Services

Case Number:	CM13-0035502		
Date Assigned:	12/13/2013	Date of Injury:	04/22/2013
Decision Date:	12/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine, has a subspecialty in Nephrology 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 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:

This is a 32-year-old male with a 4/22/13 date of injury. The mechanism of injury occurred when he fell off a ladder onto his back. According to a progress report dated 6/4/14, the patient complained of pain in the lumbar spine, rated as an 8/10, constant, stabbing, numbness, and tingling radiating down both legs all the way to the bottom of the feet. The patient's medication regimen consists of Lidoderm patches. The patient has been instructed to take no oral medications at this time, due to his elevated glucose and abnormal liver enzyme findings. Objective findings: positive stoop test, limited lumbar spine range of motion. An X-ray of the lumbar spine, dated 5/19/14, revealed 0.3cm retrolisthesis on L1 on L2 and 0.5cm retrolisthesis of L4 on and extension, otherwise normal lumbosacral spine. An X-ray of the SI joints revealed normal sacroiliac joints. Diagnostic impression: lumbar spine sprain/strain, lumbar spine radiculopathy, L1 on L2 0.2cm, L4 on L5 0.5mm retrolisthesis. Treatment to date: medication management, activity modification.A UR decision dated 10/9/13 denied the requests for Omeprazole and MRI. The request for 1 CBC, hepatic and arthritis panel, Chem 8, creatine phosphokinase. (CPK), and C reactive protein (CRP) was modified to a certification of 1 CBC, hepatic, and Chem 8. Regarding Omeprazole, there are no indications the patient has any risk factors warranting a proton pump inhibitor. Regarding MRI, the objective findings did not indicate specific nerve compromise. Additionally, past progress reports revealed the patient was improving with physical therapy. Regarding the requested laboratory studies, CBC, hepatic, and Chem 8 testing appears appropriate based on the patient's long term use of NSAIDs. The request for an arthritis panel does not appear appropriate. There are no objectives or clinical findings supporting the need for testing for muscle injury or stress to justify a CPK test. Regarding CRP test, the patient's medical records did not indicate a recent surgery or the presence of infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk, Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, gird, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, there is no documentation that this patient has any gastrointestinal complaints. There is no documentation that he is currently taking an NSAID. In fact, the clinical documentation indicates that the patient is to remain off oral medications. Therefore, the request for 1 prescription of Omeprazole 20mg #30 With 2 Refills was not medically necessary.

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, according to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no mention of surgical consideration. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for 1 MRI of the lumbar spine was not medically necessary.

ARTHRITIS PANEL: 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 Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' http://requestatest.com/arthritis-basic-panel-testing.

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. According to an online search, an Arthritis Basic Panel is four basic tests in a package specifically designed to evaluate inflammation. The Arthritis Basic Panel includes the Comprehensive Metabolic Panel (CMP); C - reactive protein (CRP), Quantitative, Uric Acid and Sedimentation Rate, Modified Westergren (ESR). However, in the present case, there is no discussion that the patient has a diagnosis of arthritis or that the provider suspects arthritis in this patient. A specific rationale as to why an arthritis panel is required in this patient was not provided. Therefore, the request for Arthritis panel was not medically necessary.

Creatinine phosphokinase test (CPK): 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 Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings', Creatine Phosphokinase Test (http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm).

Decision rationale: Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. According to an online search, Creatine phosphokinase (CPK) is an enzyme found mainly in the heart, brain, and skeletal muscle. When the total CPK level is very high, it usually means there has been injury or stress to muscle tissue, the heart, or the brain. This test may be used to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged, assess for muscle diseases, and other conditions. However, in the present case, there has been no documentation that any of the above conditions are addressed or suspected in this patient. A specific rationale as to why this test is indicated in this patient at this time is not provided. Therefore, the request for Creatinine Phosphokinase Test (CPK) was not medically necessary.

C-reactive protein (CRP): 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 Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings' C - reactive protein Test (http://www.mayoclinic.org/tests-procedures/c-reactive-protein/basics/definition/prc-20014480).

Decision rationale: Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. According to an online search, C-reactive protein (CRP) is a protein that can be measured in the blood. It appears in higher amounts when there is swelling (inflammation) somewhere in the body. C-reactive protein level may be checked after surgery or treatment for infections or other medical conditions. A C-reactive protein test can also be used to evaluate the risk of developing coronary artery disease. However, in the present case, there is no documentation that this patient has symptoms of swelling or inflammation. There is no documentation that this patient has had recent surgery or symptoms of infections, or requires an assessment for coronary artery disease. A specific rationale as to why this test is indicated in this patient at this time is not provided. Therefore, the request for C-reactive protein was not medically necessary.