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| Case Number: | CM13-0038182 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 12/21/2012 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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 and Rehabilitation, and is licensed to practice in 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. 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 patient is a 45-year-old male who reported an injury on 12/21/2012. The patient reportedly sustained a low back injury and was diagnosed with a lumbar spine strain/sprain, and lumbar facet arthropathy. The patient was seen in 08/2013, for a follow-up of his injuries sustained in the workplace on 12/21/2012. On the date of the examination, the patient presented with a low level of pain and stated that he had not been doing anything, so he has not been aggravating it. The patient was seen again on 09/13/2013, for complaints of injuries that he sustained to his back and right hip in 12/2012. On the date of this examination, the patient's back pain was rated as an 8/10 and stated that it varies, and would describe as dull and achy with no radiation of pain, but at times it will radiate down into the right hip. The patient states that since not having therapy, he does believe he is getting worse. The patient was most recently seen on 12/04/2013, whereupon he presented with back pain rated as a 2/10, describing it as dull with no pain in his right hip. On the physical examination, the patient was noted to have lumbar flexion of 75 out of 90 degrees, extension of 25 out of 25 degrees, right lateral flexion is 25 out of 25 degrees, as well as left lateral flexion. The patient was negative for a toe and heel walk, with the right hip having full range of motion without pain. The patient was reportedly taking meloxicam 7.5 mg, omeprazole 20 mg, cyclobenzaprine 5 mg, and was on work restriction with no lifting over 20 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Regarding the request for a urine drug screen, according to the California MTUS Guidelines urine drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In the case of this patient, it was noted that he has been utilizing cyclobenzaprine. However, the documentation does not indicate the patient is suspected of misusing his medications or suspicion of utilizing illegal drugs. Also, the documentation provided failed to indicate when the patient's last urine drug screen was performed and those results to support the requested urine drug screen. Therefore, the requested urine drug screen is non-certified.

. Baseline labs: Complete Blood Count (CBC) , Hepatic and arthritis panel, Chem 8 Panel, CPK and 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 Medical Evidence: Labtestsonline.org..

Decision rationale: Regarding the request for baseline labs to include a CBC, Hepatic and arthritis Panel, Chem 8 Panel, CPK and CRP, baseline lab testing is not addressed under CA MTUS or ACOEM. Labtestsonline.org state a CBC is performed if a person has any number of signs and symptoms that may be related to disorders that affect blood cells. When an individual has fatigue or weakness or has an infection, inflammation, bruising, or bleeding, a doctor may order a CBC to help diagnose the cause and/or determine its severity. Labtestsonline.org state a hepatic panel is performed to screen for, detect, evaluate, and monitor acute and chronic liver inflammation (hepatitis), liver disease and/or and damage. Labtestsonline.org state an arthritis panel is performed in diagnosing forms of arthritis and/or ruling out other conditions that may cause similar symptoms. Labtestsonline.org states a Chem 8 is performed to gain information about the current status of your kidneys as well as electrolyte and acid/base balance and level of blood glucose. Labtestsonline.org states a CPK and CPR is performed to identify the presence of inflammation and to monitor response to treatment for an inflammatory disorder. In the case of this patient, the documentation does not indicate the patient is having any issues that would require all of the testing requested and the documentation fails to indicate a rationale for performing all of the requested laboratory testing. Without having a definitive rationale for requesting laboratory services, the requested service is not medically necessary and is not warranted. As such, the requested service is noncertified.

Meloxicam 7.5mg x 1daily, #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Regarding the request for Meloxicam 7.5 mg x1 daily, a total of #30 with 1 refill, under California MTUS Guidelines it states that meloxicam is used for mild to moderate pain. NSAIDs in general are not meant for prolonged use, and as noted in the documentation, there is no clear evidence that the patient is in need of a non-steroidal anti-inflammatory at this time. Therefore, without having a clear rationale behind the prescription for the use of this medication, the requested service is not deemed medically appropriate and is noncertified.

Omeprazole 20mg x 1 daily, #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Pain-Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Regarding the request for omeprazole 20 mg x1 daily, total of #30 with 1 refill, under California MTUS Guidelines it states that patients at intermediate risk for gastrointestinal events, and no cardiovascular disease, may benefit from the use of a proton pump inhibitor such as omeprazole. In the case of this patient, due to utilizing various forms of oral medications, the use of omeprazole could be considered medically appropriate. However, there is nothing in the documentation stating the patient has any gastrointestinal issues or risks necessitating the use of Omeprazole at this time. Therefore, the rationale for requesting this medication cannot be established and is therefore non-certified.

Chiropractic Sessions 2 x weeks for 6 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic sessions, 2 times a week for 6 weeks, for the low back, according to California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, patients are recommended to utilize a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6 to 8 weeks. In the case of this patient, the physician has requested 12 sessions of chiropractic treatments, which well exceeds

the 6 visit trial recommendation. Therefore, the requested service cannot be warranted and is noncertified.