

Case Number:	CM13-0047856		
Date Assigned:	12/27/2013	Date of Injury:	06/10/2010
Decision Date:	04/02/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work. The applicant has apparently been given permanent work restrictions through a medical-legal evaluation and has apparently left the workplace; it is suggested on a handwritten October 11, 2013, progress note. In a utilization review report of October 24, 2013, the claims administrator partially certified Xanax for weaning purposes, partially certified Norco for weaning purposes, denied a lumbar support, and denied an orthopedic consultation. The applicant's attorney subsequently appealed. An October 11, 2013 progress note is very difficult to follow, handwritten, not entirely legible, and notable for comments that the applicant reports 7 to 8/10 low back pain. An epidural steroid injection reportedly failed. The applicant has had difficulty obtaining a consultation with a spine surgeon, it is stated. The applicant has a history of lupus and melanoma, which are apparently contributing to his issues. The applicant is given prescriptions for Prilosec, Norco, tramadol, and Zanaflex. A lumbar support is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 78.

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

Decision rationale: No, the request for Norco 10/325 mg #30 is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning and/or reduced pain effected as a result of the same. In this case, however, it does not appear that these criteria have been met. The applicant has failed to return to work, although it is unclear whether this is a result of personal choice or a result of the industrial injury. The most recent progress note provided suggests complaints of 7 to 8/10 low back pain. Thus, there is no evidence of analgesia effected as a result of ongoing Norco usage. There is no evidence that the applicant's ability to perform activities of daily living has likewise improved as a result of ongoing Norco usage. Therefore, the request is not certified, on independent medical review.

Xanax 0.25mg, #30: Upheld

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

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

Decision rationale: The request for Xanax 0.25 mg #30 is also not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine, such as Xanax were not recommended for chronic or long-term use purposes, for pain, anxiety, muscle relaxant purposes, or anticonvulsants purposes. In this case, it is not clearly stated why Xanax is being employed. It is further noted that the applicant does not appear to have achieved any lasting benefit or functional improvement despite ongoing usage of Xanax. The fact that the applicant remains off of work, on total temporary disability, remains highly reliant on numerous medications and other medical treatments such as epidural steroid injections, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Xanax. Accordingly, the request is not certified, on independent medical review.

Prilosec 20mg, #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The request for Prilosec 20 mg #30 with one refill is likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors, such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any signs or symptoms of dyspepsia, either NSAID-induced or stand-alone. The progress note provided is sparse, handwritten, and not entirely legible. No rationale for usage of Prilosec was provided. Accordingly, the request is not certified, on independent medical review.

LSO (Lumbar-Sacral Orthosis) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant is several years removed from the date of injury, June 10, 2010. The applicant is outside of the acute phase of symptom relief. Continued usage of lumbar support is not recommended in the chronic pain context present here, per ACOEM. Accordingly, the request is not certified, on independent medical review.

Orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Guidelines, Second Edition, Chapter 7, pg. 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has seemingly failed to respond favorably to time, medications, injections, physical therapy, etc. Obtaining the added expertise of an orthopedist is therefore indicated and appropriate here. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.