

Case Number:	CM13-0052211		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2009
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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, Pulmonary Diseases, 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:

The patient is a 41-year-old male with a date of injury 09/30/2009 and the mechanism of injury occurred when the injured worker reportedly was moving 16 to 20 pound cases of oil off a pallet which required repetitive rotation motion and twisting at the waist. While moving the cases of oil, the injured worker reportedly felt an abrupt onset of pain in the area of the tailbone. The injury was not reported immediately and the injured worker continued working and then reported the injury two days later. An unofficial MRI of the lumbar spine without contrast on 12/29/2009 revealed a small disc bulge at L5-S1 with adequate appearing central canal. There was narrowing of the neuroforamen at that level appearing moderate on the right where there was probably a small disc bulge or protrusion mildly displacing the exiting right L5 nerve root. The left neural foraminal narrowing was more mild. Degenerative disc disease at L5-S1 and then arthropathy at L4-5 and L5-S1 was noted. Diagnoses were lumbar radiculopathy, lumbar degenerative disc disease, facet arthropathy, muscle spasms. Comorbidities included morbid obesity, the injured worker reportedly gained 100 to 200 pounds since the injury; and, asymptomatic elevated blood pressure; nonindustrial. The medications listed were ibuprofen 800 Final Determination Letter for IMR Case Number CM13-0052211 3 mg twice a day and Flexeril 10 mg at bedtime as needed. The patient was complaining of continued pain. Examination revealed spasms in the cervical spine and lumbar spine areas, positive straight leg raise with decreased range of motion of the lumbar spine. Deep tendon reflexes were trace in the bilateral upper and lower extremities. Treatment plan as of 10/21/2013 was for the injured worker to continue the ibuprofen and the treating physician would add Omeprazole 20 mg a day as well as adding Norco every 4 to 6 hours as needed for flare-ups of pain and Colace 3 times a day. Also recommended, continue with a home exercise program, stretching, weight loss, TENS unit, but it is reported that the injured worker is not doing the home exercise program and reportedly medication compliant and

plans to work up for a possible gastric bypass surgery. In addition, 10 sessions of full therapy was recommended and the injured worker is awaiting authorization for PULSE therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 120-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: The California MTUS Guidelines state anti-inflammatories are the traditional first line of treatment, but long-term use may not be warranted. The request does not indicate a dosage, frequency, as well as the quantity, and the CA MTUS Guidelines do not recommend long term use. The clinical information failed to provide evidence of effectiveness to support continuation. The request for Ibuprofen is not medically necessary and appropriate.

OMEPRAZOLE 20 MG: 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, AND CARDIOVASCULAR RISKS Page(s): 68.

Decision rationale: The California MTUS Guidelines state Omeprazole is recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease; also, long term PPI use (>1 year) has been shown to increase the risk of hip fracture. The documentation submitted for review indicates that the patient has a history of asymptomatic elevated blood pressure but no mention of cardiovascular disease as well as not listing any medication for the treatment of elevated blood pressure. Also, there was no indication that there are any gastrointestinal events. The guidelines do support the use of Omeprazole if an injured worker is at risk for gastrointestinal events and has no cardiovascular disease. Given that there is no clinical evidence to support the use of the Final Determination Letter for IMR Case Number CM13-0052211 4 PPI and the request as submitted does not include the frequency or quantity of the medication being requested, cannot be supported. The request for the Omeprazole 20 mg is not medically necessary and appropriate.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: The California MTUS Guidelines state Norco is a short-acting opioid recommended for controlling chronic pain as well as intermittent or breakthrough pain. Also, recommended is ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The request does not include the dosage, frequency, as well as the quantity and the guidelines would support the use of Norco for controlling chronic pain but do not recommend long term use. The clinical information submitted failed to provide information adequately addressing the 4A's to include pain relief, functional improvement, side effects or aberrant behavior to support continuation of the requested medication. The request for Norco is not medically necessary and appropriate.

COLACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA <http://www.drugs.com/ppa/docusate.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INITIATING THERAPY Page(s): 77.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated. The request as submitted failed to include the dosage, frequency or quantity to determine necessity. The clinical information submitted failed to include the efficacy of the medication to support continued use. The request for Colace is not medically necessary and appropriate.

BILATERAL SI JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CRITERIA FOR THE USE OF SACROILIAC BLOCKS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Sacroiliac Joint Injections (SJI)

Decision rationale: The Official Disability Guidelines state SI joint injections are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. It was noted that the injured worker was noncompliant with the home exercise program and has not at least failed 4 to 6 weeks of aggressive conservative therapy for which is recommended by the guidelines. The request for bilateral SI joint injections is not medically necessary and appropriate.

TENS UNIT SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 120-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial, if used as an adjunct to a program of evidence-based functional restoration. The documentation received for review lacked information indicating the efficacy of the TENS unit and response from the treatment related to pain control and functional improvement. The request for a TENS Unit and supplies are not medically necessary and appropriate.