

Case Number:	CM13-0063410		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2010
Decision Date:	06/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation, 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 [REDACTED] employee who has filed a claim for lumbosacral spondylolysis and cervical spinal stenosis associated with an industrial injury sustained on August 25, 2010. Thus far, the patient has been treated with lumbar epidural steroid injections, which did not provide relief; cervical epidural steroid injection, which provided significant relief; physical therapy; chiropractic therapy; acupuncture; and medications including opioids, muscle relaxants, Topamax, and Prilosec. There is a note that the patient avoids Norco and does not use it daily. A review of the progress notes shows persistent low back and cervical pain with associated numbness and tingling in the hands and feet and decreased range of motion. There is also lumbar facet tenderness with positive facet loading. There were no neurological deficits noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. They also show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on muscle relaxants since at least October 2012. The patient takes Cyclobenzaprine 1-3 times a day for spasms. There is no support for long-term use of these medications. Therefore, the request is not medically necessary.

30 TOPIRAMATE 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient has been on this medication since at least October 2012. The patient takes this medication once a day for neuropathic pain. There is no documentation of failure of different anticonvulsants previously in this patient. As such, the request is not medically necessary.

60 OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA regulations for Prilosec.

Decision rationale: The MTUS and the FDA support proton pump inhibitors (PPIs) in the treatment of patients with gastrointestinal (GI) disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease, erosive esophagitis, or patients utilizing chronic NSAID therapy. 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. The patient has been on this medication since at least October 2012. There is a note that patient has a history of GI upset. However, the current medication regimen does not include NSAID therapy and there are no current gastrointestinal issues in this patient. Therefore, the request is not medically necessary.

8 VISITS OF CHIROPRACTIC TREATMENT FOR THE NECK AND BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, the Official Disability Guidelines supports a trial of six visits and, with evidence of objective functional improvement, up to a total of up to 18 visits. A progress note from March 2013 reported that there was no lasting benefit from previous 24 sessions of chiropractic therapy. There is no documentation of these sessions or functional benefits derived. There is no clear rationale for additional chiropractic treatment in this patient. As such, the request is not medically necessary.

INTERLAMINAR EPIDURAL INJECTION AT C3-C4 AND C4-C5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are recommended in patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. Most current guidelines recommend no more than two ESIs. There was previous cervical ESI to C3-4 and C4-5 on September 21, 2012 which was noted to be helpful for the headaches and neck pain, but not for the numbness in the hands. There is no documentation regarding the functional benefits and duration of improvement from the previous ESI aside from being "significant." As such, the request is not medically necessary.