MAXIMUS Federal Services

Case Number:	CM13-0069375		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2009
Decision Date:	06/04/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/22/2013

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 Illinois. 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 injured worker is a 30 year old female who reported a work-related injury on 4/24/09. The mechanism of injury was not provided for review. In the clinical note dated 12/9/13 , the injured worker stated that her pain had been getting progressively worse for the last four months, and she was finding it hard to function. She had tried numerous medications in the past which had had numerous side effects. She was trying to find a medication that would work for her without making her feel ill. She had anxiety and slight depression. She was approved for pain management, but stated that she had already tried the medications they offered. The physical exam showed guarding of her upper right extremity. The treatment plan included a referral to a pain specialist. The medications for the treatment plan are Opana 10mg extended release (#60) one tablet twice daily, Valium 10mg (#60), and Prilosec 20mg (#60). She was scheduled to follow up in four weeks. The treatment plan also included either a gym membership with training sessions or 12 sessions physical therapy and biofeedback. She had not tried these methods before, but they had been recommended in the past to help with her chronic pain syndrome. The request for authorization form was submitted on 12/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 10MG (FOR NEXT VISIT) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

Decision rationale: The California MTUS states that for ongoing management of opioids, there should be documentation of pain relief, increased activities of daily living, no side effects, and no behaviors realted to misuse. There is also no reviewable documentation of measureable pain status and previous pain medications taken in the medical records provided for review. In addition, there were no consistent results of urine drug screening submitted for review. As such, the request is not medically necessary.

VALIUM 10MG (FOR NEXT VISIT) QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines state that benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. The request for 60 pills exceeds the timeline recommendation. As such, the request is not medically necessary.

PRILOSEC 20MG (FOR NEXT VISIT) QTY: 60.00: Upheld

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

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors such as Prilosec may be recommended if the injured worker is at risk for gastrointestinal events. Risk factors include being over 65 years of age; having a history of peptic ulcers and/or gastrointestinal bleeding/perforation; concurrently using ASA, corticosteroids, and/or an anticoagulant; or taking high dose/multiple NSAIDs. Patients at intermediate risk for gastrointestinal events who do not have cardiovascular disease may use a proton pump inhibitor with a non-selective NSAID. In the medical records provided for review, there is no reviewable documentation of NSAIDs, gastrointestinal upset, or risk for any gastrointestinal events. As such, the request is not medically necessary.

PHYSICAL THERAPY WITH BIOFEEDBACK QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 98-99..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-98.

Decision rationale: The California MTUS guidelines state that active therapy is beneficial for restoring flexibility, strength, edurance, function, and range of motion. It can also alleviate discomfort. In the medical records provided for review, there is no reviewable data of range of motion or other physical limitations. The California MTUS guidelines for biofeedback state that there is insufficient evidence to demonstrate the effectiveness of biofeedback for chronic pain. As such, the request is not medically necessary.

GYM MEMBERSHIP WITH TRAINING SESSIONS QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Official Disability Guidelines (ODG) do not recommend gym memberships due to a lack of medical supervision. In the medical records provided for review, there is no reviewable documentation of physical limitations. Furthermore, the request as written does not provide a duration of the requested gym membership. As such, the request is not medically necessary.

PRILOSEC 20MG QTY: 60.00: Upheld

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

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors such as Prilosec may be recommended if the injured worker is at risk for gastrointestinal events. Risk factors include being over 65 years of age; having a history of peptic ulcers and/or gastrointestinal bleeding/perforation; concurrently using ASA, corticosteroids, and/or an anticoagulant; or taking high dose/multiple NSAIDs. Patients at intermediate risk for gastrointestinal events who do not have cardiovascular disease may use a proton pump inhibitor with a non-selective NSAID. In the medical records provided for review, there is no reviewable documentation of NSAIDs, gastrointestinal upset, or risk for any gastrointestinal events. As such, the request is not medically necessary.