MAXIMUS Federal Services

Case Number:	CM13-0071675		
Date Assigned:	01/17/2014	Date of Injury:	01/03/1978
Decision Date:	06/03/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/30/2013

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 underlying date of injury in this case is 01/03/1978. The patient's treating diagnoses including failed back surgery syndrome with lumbar radiculopathy, myofascial spasm, lumbar spondylosis, and long-term opioid use. On 10/25/2013, the patient was seen by a pain physician follow up regarding chronic low back pain and bilateral lower extremity pain. The patient reported his pain was unchanged. The patient was noted to have been stable on Norco, seven per day, with past appropriate urine drug testing. The patient denied nausea or vomiting but reported constipation. The patient had tenderness to palpation of his low back. Also the patient complained of gastrointestinal upset. A visit for "back brace group," (apparently an orthotist), had been deferred given the patient's transportation issues. The patient was felt to be stable on his medication. The treating physician refilled Norco and Senna and also refilled gabapentin and omeprazole and indicated the patient would follow-up with an orthotist.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG #210 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - NORCO.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/ONGOING MANAGEMENT Page(s): 78-79.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends monitoring of the four A's of opioid management, including documentation of pain relief, functional status, and medication side effects. The medical records at this time contain very limited detail regarding these items. In particular, there is very limited documentation of objective functional deficit from opioids. Additionally, it is not clear that this patient has a diagnosis for which the treatment guidelines overall would recommend opioid treatment, particularly in this notably chronic setting. The records and guidelines do not support the request for Norco. This request is not medically necessary.

GABAPENTIN 300 MG #90 WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY MEDICATION (AEDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC MEDICATION Page(s): 17.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic medication, page 17, recommend that after initiation of treatment with an anti-epileptic medication, there should be documentation of pain relief and improvement in function as well as discussion of side effects incurred with use. The medical records do not contain such detail regarding effectiveness versus potential side effects of gabapentin. Therefore, given the limited information at this time, this request is not medically necessary.

OMEPRAZOLE 20 MG #30 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, recommend that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records describe gastrointestinal upset; however, it is not clear what medication or other risk factors may be causing these symptoms, and it is not clear what the treatment plan may be to evaluate the source of those symptoms, as indefinite use of omeprazole would not be indicated. Therefore, this medication is not supported by the guidelines at this time without additional clinical decision making information to place the indication and duration of treatment with omeprazole into context. This request is not medically necessary.

ONE (1) FOLLOW UP WITH ORTHOTIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (ACUTE AND CHRONIC).

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

Decision rationale: The medical record is somewhat nonspecific but appears to suggest that the rationale for follow up with an orthotist is regarding a back brace. It is not clear whether this would be a follow up for an existing back brace or for a new brace. The ACOEM Guidelines, chapter 12/low back, page 301, state that lumbar supports have not been shown to have any significant benefit beyond the acute phase of symptom relief. The medical records do not provide a rationale for a spinal orthosis in contrast to these guidelines. Overall, the medical records do not contain such information to support an indication for the requested orthosis. This request is not medically necessary.