

Case Number:	CM14-0002151		
Date Assigned:	01/24/2014	Date of Injury:	09/04/2003
Decision Date:	07/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 43-year-old male who has filed a claim for lumbar radiculitis associated with an industrial injury date of September 04, 2003. Review of progress notes showed low back pain radiating to the left buttock and left lower extremity up to the level of the knee, associated with numbness and tingling. Patient reports difficulty with sleep. Findings include tenderness of the lumbar region, decreased sensation in the left lower extremity along the S1 dermatome, and positive straight leg raise test on the left. There was also decreased cervical range of motion due to pain. Lumbar MRI, dated November 15, 2013, showed L3-4 and L4-5 disc bulges with minimal thecal sac effacement at L4-5, and slight encroachment on the left neural foramina at L4-5. Treatment to date has included NSAIDs, Omeprazole, opioids, Gabapentin, chiropractic therapy, TENS, and physical therapy. Utilization review from December 13, 2013 denied the request for 8 chiropractic manipulation sessions; Gabapentin 300mg #60; naproxen 550mg #60 as there is no documentation of significant improvement of symptoms; Omeprazole DR 20mg #30 as there are no risk factors for gastrointestinal events; urine drug screen as patient is not on opioid therapy; and comprehensive metabolic panel as the FDA does not recommend routine monitoring for the safe use of naproxen, Omeprazole, or Gabapentin. Reasons for denial of chiropractic manipulation sessions and Gabapentin were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT(8) CHIROPRACTIC MANIPULATION SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: Page 58 of CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. In this case, the patient has had previous chiropractic care in January 2012 with significant relief. However, there is no documentation as to how many sessions the patient underwent, or the description of the benefits derived from these sessions. Also, the body part to be treated is not specified. Therefore, the request for 8 chiropractic manipulation sessions was not medically necessary per the guideline recommendations of CA MTUS.

GABAPENTIN 300MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since December 2013. This patient presents with symptoms and findings consistent with lumbar radiculopathy, and continuation of Gabapentin is a reasonable option to manage the patient's neuropathic pain. Therefore, the request for Gabapentin 300mg #60 was medically necessary per the guideline recommendations of CA MTUS.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least August 2013. There is no

documentation regarding relief of symptoms or functional improvement with this medication and long-term use of this medication is not recommended. Therefore, the request for naproxen 550mg #60 was not medically necessary per the guideline recommendations of CA MTUS.

OMEPRAZOLE DR 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GIT SYMPTOMS & CARDIOVASCULAR RISK.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on Pantoprazole since September 2013, and on this medication since December 2013. However, there is no documentation regarding the abovementioned risk factors or of gastrointestinal symptoms in this patient to support continued use of this medication. Therefore, the request for Omeprazole DR 20mg #30 was not medically necessary.

URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, STEPS TO AVOID MISUSE/ADDICTION.

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. As per latest progress notes, patient is only prescribed Gabapentin, Naproxen, and Omeprazole. However, there is mention that patient takes Norco occasionally. It is unclear as to how often and how much of opioids the patient is currently taking. A urine drug screen is reasonable at this time to monitor patient's opioid use. Therefore, the request for urine drug screen was medically necessary.

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence:Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient has been taking naproxen since at least August 2013. This medication has potential adverse effects on the liver and kidneys. However, this patient does not have underlying kidney or liver disease, and there are no risk factors placing this patient at high-risk for renal or hepatic insufficiency. Therefore, the request for comprehensive metabolic panel was not medically necessary.