

Case Number:	CM14-0003050		
Date Assigned:	01/29/2014	Date of Injury:	10/29/2011
Decision Date:	06/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 male who reported an injury on 10/29/2011 with the mechanism of injury being the injured worker was carrying a full chest of ice and felt pain in his lower left side of his back. The injured worker had been treated with chiropractic treatments and NSAIDs. The injured worker had a urine drug screen on 03/13/2013. The injured worker's medication history included omeprazole as of 03/2013. Additional medications during the month of March were Neurontin 300 mg, Zanaflex 4 mg, Terocin ointment, and Dendracin ointment. The other treatments were acupuncture. The injured worker underwent a left L4, L5 and S1 transforaminal epidural steroid injection on 10/11/2013 and on 07/15/2103. The documentation of 12/04/2013 revealed the injured worker had spasms and pain in the lumbar spinal paraspinal muscles. The injured worker was better able to sleep with Flexeril. The diagnoses included myofascial pain syndrome and lumbar strain chronic, as well as chronic lumbosacral facet syndrome. The treatment plan included Naprosyn 550 mg 1 tablet twice a day, Omeprazole 20 mg 1 table daily, Neurontin 600 mg 3 times a day, Flexeril 7.5 mg, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had previously undergone urine drug screens. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the rationale for the requested urine drug screen. The medications failed to support the necessity for a urine drug screen. The request as submitted failed to indicate the quantities of urine drug screens being requested. Given the above, the request for a urine drug screen is not medically necessary.

OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS),

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 03/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to include the frequency and the quantity of the medication. Given the above, the request for Omeprazole 20 mg is not medically necessary.

FLEXERIL 7.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective

functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. There was a lack of documentation of objective improvement. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Flexeril 7.5 mg is not medically necessary.

LUMBAR MEDICAL BRANCH BLOCK LEFT L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 12-LOW BACK COMPLAINTS, 300-301

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation : Official Disability Guidelines (ODG) Low Back Chapter, Medial Branch Block

Decision rationale: ACOEM Guidelines indicate that a facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address medial branch diagnostic blocks, secondary guidelines were sought. Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation in the lumbar facet region. However, there was no documentation of a sensory examination, the absence of radicular findings, and a normal straight leg raise examination. There was a lack of documentation indicating the injured worker had a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the requested procedure. The clinical documentation failed to indicate if the physician would move forward to a neurotomy if the injured worker had a positive response. Given the above, the request for a lumbar medial branch block, Left L3 through S1, is not medically necessary.