

Case Number:	CM14-0004394		
Date Assigned:	02/13/2014	Date of Injury:	08/01/1994
Decision Date:	07/08/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Minnesota. 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 66 year old male who reported an injury on 08/01/1994. The mechanism of injury was not provided. The clinical note dated 08/07/2013 noted the injured worker presented with complaints of lower back pain radiating into the bilateral legs with numbness and tingling. Prior treatment included physical therapy and medication management. The diagnoses were spondylolisthesis at L5-S1. Upon exam, there was forward flexion and an antalgic gait. The provider recommended Ultram 50 mg, Ambien 10 mg, Axid 150 mg, Prilosec 20 mg, and physical therapy 2 times a week for 6 weeks for the lumbar spine. The Request for Authorization Form and the provider's rationale were not provided within the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG, #60 WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CONTINUED USE OF OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The MTUS Chronic Pain Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, aberrant drug abuse behavior, and side effects. The request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary and appropriate.

AMBIEN 10MG, #30 WITH 6 REFILLS: 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 Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien®).

Decision rationale: The Official Disability Guidelines state that Zolpidem (Ambien) is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia. An adequate examination of the injured worker was not provided detailing current deficits to warrant Ambien. The documentation lacks evidence of the injured worker's severity of insomnia, and whether it was related to sleep onset, maintenance, quality of sleep, or next day functioning. The efficacy of the medication was not documented. As such, the request is not medically necessary and appropriate.

AXID 150MG, #60 WITH 6 REFILLS: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Axid for injured workers at risk for gastrointestinal events. The MTUS Chronic Pain Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, to include: age greater than 65 years old; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; or high dose/multiple NSAID use. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The included documentation did not state that the injured worker had a history of peptic ulcer, GI bleed, or perforation. The clinical documentation provided did not indicate the injured worker is at risk for gastrointestinal events. The request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.

PRILOSEC 20MG, #60 WITH 6 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The MTUS Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, to include: age greater than 65 years old; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; or high dose/multiple NSAID use. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The included documentation did not state that the injured worker had a history of peptic ulcer, GI bleed, or perforation. The clinical information provided did not indicate the injured worker is at risk for gastrointestinal events. The request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task for exercise. There is a lack of documentation regarding the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines allow for up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. The request for physical therapy 2 times a week for 6 weeks exceeds the recommendation of the guidelines. Therefore, the request is not medically necessary and appropriate.