

Case Number:	CM14-0006974		
Date Assigned:	02/07/2014	Date of Injury:	07/27/2006
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/18/2014

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 complains of intermittent low back pain flare ups, right greater than left, with numbness and tingling sensation to the right posterolateral thigh. She has also been complaining of GI upsets attributed to Gabapentin use. Prilosec helps to reduce the GI symptoms. Physical examination showed restricted lumbar ROM; lumbar paravertebral muscle spasm with tight band on both sides; positive lumbar facet loading; and a positive straight leg raise on the right. The diagnoses were lumbar spine degenerative disc disease, sacroiliac pain, sacroiliitis, lumbar facet syndrome and low back pain. Treatment plan includes request for Prilosec refill. A work hardening program with [REDACTED] was also requested because the patient was unable to do strenuous activity for 2 months. Treatment to date has included oral and topical analgesics, physical therapy, chiropractic care, radiofrequency ablation, SI joint injections, lumbar ESI, lumbar facet joint injections. Utilization review from January 8, 2014 denied the request for Prilosec DR 20mg BID x 60 because there is no documentation of reduced symptoms with its use. The request for a work hardening program with [REDACTED] for evaluation and treatment of low back pain was also denied because there is no documentation of a home exercise program, actual functional limitations, recent formal physical therapy or that the patient has reached plateau. There was also no defined return to work goal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC DELAYED RELEASE 20 MG TWICE A DAY X 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. ODG states that PPIs are highly effective for their approved indications. Use of PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, the patient has been complaining of GI upsets attributed to Gabapentin use. Prilosec provided relief of the GI symptoms. However, records show that the patient has been taking the medication twice daily. The guideline recommends the use of PPIs in the lowest dose possible. There was no evidence of failure of single daily dosing of PPI to relieve the GI symptoms. The medical necessity for twice daily dosing was not established. Therefore, the request for Prilosec Delayed Release 20 Mg twice a day x 60 is not medically necessary.

WORK HARDENING PROGRAM WITH [REDACTED] FOR EVALUATION AND TREATMENT OF LOW BACK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning and Work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines stated the criteria for admission to a Work Hardening Program. These include: work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau; not a candidate where surgery or other treatments would clearly be warranted to improve function; a defined return to work goal agreed to by the employer & employee; and Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). In this case, there was no documentation regarding a defined return to work goal, and an FCE was not provided as well. Furthermore, the requested amount and duration of treatment were not specified. The guideline recommends a trial treatment for 1-2 weeks with documented subjective and objective gains and measurable functional improvements prior to continuation to the full course of treatment. The guideline criteria were not met. Therefore, the request for Work Hardening Program with [REDACTED] for Evaluation and Treatment of Low Back Pain is not medically necessary.

