

Case Number:	CM14-0104953		
Date Assigned:	07/30/2014	Date of Injury:	08/28/2007
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 66 year old male with date of injury 8/28/2007. The mechanism of injury is stated as hurting his back while pulling a cart and colliding with a platform. The patient has complained of lower back pain since the date of injury. He has been treated with surgery (L5-S1 decompression laminotomy and fusion, 05/2012), physical therapy, epidural corticosteroid injections and medications. There are no radiographic data included for review. Objective: tenderness to palpation at L5-S1, decreased and painful range of motion of the lumbar spine, minimal decrease in motor strength bilateral lower extremities. Diagnoses: status post lumbar spine surgery, spondylolisthesis at L5-S1, radiculopathy and radiculitis. Treatment plan and request: additional physical therapy x 12 visits, Ambien, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 12 visits LS: 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 Physical Medicine Page(s): 98-99.

Decision rationale: This 66 year old male has complained of lower back pain since date of injury 8/28/07. He has been treated with surgery (L5-S1 decompression laminotomy and fusion, 05/2012), physical therapy, epidural corticosteroid injections and medications. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. Furthermore, 12 sessions were recently authorized 04/2014. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy, an additional 12 sessions, is therefore not indicated as medically necessary.

Ambien 10mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary, Zolpidem (Ambien).

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: www.UpToDate.com/drugs/Ambien.

Decision rationale: This 66 year old male has complained of lower back pain since date of injury 8/28/07. He has been treated with surgery (L5-S1 decompression laminotomy and fusion, 05/2012), physical therapy, epidural corticosteroid injections and medications to include Ambien since at least 03/2014. Per the reference cited above, Ambien is recommended for the short term treatment of insomnia not to exceed 2-6 weeks duration. Use of Ambien in this patient has exceeded the recommended duration of use. Furthermore, there is no documentation in the available medical records of the diagnosis of insomnia or other sleep disorders. There is no evidence that the provider has prescribed this medication according to the recommended medical guidelines. Ambien, therefore is not indicated as medically necessary in this patient.

Omeprazole 20mg #60 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary, proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 66 year old male has complained of lower back pain since date of injury 8/28/07. He has been treated with surgery (L5-S1 decompression laminotomy and fusion, 05/2012), physical therapy, epidural corticosteroid injections and medications to include Prilosec

since at least 03/2014. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.